

STATEMENT OF CANDIDACY INDEPENDENT

Form with fields for NAME, CITY, VILLAGE, TOWNSHIP, COUNTY, DISTRICT or STATE, ADDRESS - ZIP CODE, and OFFICE. Includes a note: A Full Term is sought, unless an unexpired term is stated here: ___ year unexpired term

If required pursuant to 10 ILCS 5/7-10.2, 8-8.1 or 10-5.1, complete the following (this information will appear on the ballot)

FORMERLY KNOWN AS (List all names during last 3 years) UNTIL NAME CHANGED ON (List date of each name change)

STATE OF ILLINOIS)
County of _____) SS.

I, _____ being first duly sworn (or affirmed), say that I reside at _____, in the City, Village, Unincorporated Area of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____ in the County of _____, State of Illinois; that I am a qualified voter therein, that I am a candidate for election to the office of _____ in the _____ to be voted upon at the election to be held on _____ and that (Name of City, Village, Township, County, District or State) (date of election)

I am legally qualified (including being the holder of any license that may be an eligibility requirement for the office to which I seek election) to hold such office and that I have filed (or I will file before the close of the petition filing period) a Statement of Economic Interests as required by the Illinois Governmental Ethics Act and I hereby request that my name be printed upon the official ballot for election to such office.

(Signature of Candidate)

Signed and sworn to (or affirmed) by _____ before me, on _____ (Name of Candidate) (insert month, day, year)

(SEAL)

(Notary Public's Signature)