

STATEMENT OF CANDIDACY

NEW POLITICAL PARTY

Form with fields: NAME, ADDRESS - ZIP CODE, PARTY, OFFICE, CITY, VILLAGE, COUNTY, DISTRICT OR STATE. Includes 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 _____ UNTIL NAME CHANGED ON _____ (List all names during last 3 years) (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 _____ (Name of City, Village, Township, County, District or State)

to be voted upon at the election to be held on _____ (date of election) and that 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 _____, on _____ (Name of Candidate) (insert month, day, year)

(SEAL)

(Notary Public's Signature)