X_BIND HERE_X

Suggested Revised March 2020 SBE No. P-3

INDEPENDENT CANDIDATE PETITION

e, the undersigned, qualified voters in the of _		in the County of and			
State of Illinois, do hereby petition that	the following named person shall b	pe an Independent Candidate for ele	ection to the office here	inafter specified	
be voted for at the Election to be held on		(date of el	(date of election).		
NAME: OFFICE:					
ADDRESS – ZIP CODE:					
		A Full Term is sought, unless an unexpired	term is stated here: year	unexpired term	
	0-5.1, complete the following (this information	n will appear on the ballot) E CHANGED ON	·	·	
(List all names during last 3 years)		(List date of each name change)			
NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY	
1.			,IL		
2.			,IL		
3.			,IL		
4.			,IL		
5.			,IL		
6.			,IL		
7.			,IL		
8.			,IL		
9.			,IL		
10.			,IL		
State of					
County of) SS.)				
l.	(Circulator's Name) do hereby	certify that I reside at		, in the	
City/Village/Unincorporated Area of					
Code), County of of age and qualified to vote in Illinois), t	hat I am a citizen of the United Sta	ates, and that the signatures on this	sheet were signed in m	y presence, no	
more than 90 days preceding the last on signing were at the time of signing the respective residences are correctly state	petition registered voters of the p	e genuine and that to the best of modifical division in which the candidate	y knowledge and belief ate is seeking elective	the persons so office, and their	
		(Circulator's Signature)			
Signed and sworn to (or affirmed) by		before me, on			
_ , , , , _	(Name of Circulator)	(In	(Insert month, day, year)		
(SEAL)					
		(Notary F	Public's Signature)		
	SHEET NO				