

STATEMENT OF CANDIDACY

NAME:	OFFICE: Precinct Committeeperson
ADDRESS – ZIP CODE:	A Full Term is sought, unless an unexpired term is stated here: _____ year unexpired term
	DISTRICT: Township: _____ Precinct Number: _____
	PARTY:

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 Sangamon ) SS.

I, \_\_\_\_\_ (Name of Candidate) 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 Sangamon, State of Illinois; that I am a qualified voter therein and am a qualified Primary voter of the \_\_\_\_\_ Party; that I am a candidate for Election to the office of Precinct Committeeperson, in Township \_\_\_\_\_, Precinct Number \_\_\_\_\_, to be voted upon at the primary Election to be held on March 19, 2024 and that I am legally qualified to hold such office and I hereby request that my name be printed upon the official \_\_\_\_\_ (Name of Party) Primary ballot for Election for 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)