

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)
) SS.
County of Sangamon)

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 17, 2026 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)