10 ILCS 5/10-5, 10-5.1

_____ATTACH TO PETITION_____

Suggested
Revised March 2020
SBE No. P-1B

STATEMENT OF CANDIDACY

INDEPENDENT

NAME:	**OFFICE:** **A Full Term is sought, unless an unexpired term is stated here: ____ year unexpired term**
ADDRESS – ZIP CODE:	**CITY. VILLAGE OR SPECIAL DISTRICT:**

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 _____)

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 April 6, 2027 and that
(Name of City, Village, Township, County, District or State)

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)