

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 (date of election) 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)