A T	TACLITO	DETITION	
AI	IACHIO	PETITION	

Suggested Revised March 2020 SBE No. P-1A

## STATEMENT OF CANDIDACY

### NONPARTISAN

NAME:	OFFICE:
	A Full Torm is a suph a suph
ADDRESS – ZIP CODE:	A Full Term is sought, unless an unexpired term is stated here: year unexpired term  CITY. VILLAGE OR SPECIAL DISTRICT:
If required purposette 40 H CC 5/7 40 0 0 0 4 140 5 4	
If required pursuant to 10 ILCS 5/7-10.2, 8-8.1 or 10-5.1, complete the	566 552
FORMERLY KNOWN AS U (List all names during last 3 years)	NTIL NAME CHANGED ON
(Electurination during last 5 years)	(List date of each name change)
STATE OF ILLINOIS	
County of	
County of	
I,be	ing first duly sworn (or affirmed), say that I reside at
, in the City, Village, U	Inincorporated Area of
(if unincorporated, list municipality that provides postal service)	A SPECIAL CONTINUES AND A CONT
	alified voter therein, that I am a candidate for Nomination/
Election to the office of	in the
	(Name of City, Village or Special District)
to be voted upon at the election to be held on	(date of election) and that I am legally qualified
to hold such office and that I have filed (or I will file before the clo	ose of the petition filing period) a Statement of Economic Interests
as required by the Illinois Governmental Ethics Act and I here	eby request that my name be printed upon the official ballot for
Nomination/Election to such office.	
	(Signature of Candidate)
Signed and sworn to (or affirmed) by	before me, on
(Name of Candida	te) (insert month, day, year)
*	
(SEAL)	(Notary Public's Signature)

ATT A	CUTO	PETITION	
AIIA		PEILIN	

10 ILCS 5/7-10.1

Suggested Revised July, 2004 SBE No. P-1C

## LOYALTY OATH (OPTIONAL)

United States of America State of Illinois	)	SS.					
l,			, do	swear (or a	affirm) that	I am a cit	izen of the
United States and the State of Illino	is, that I	am not	affiliated	directly or	indirectly	with any c	communist
organization or any communist front	organiza	ation, or a	any foreig	n political	agency, p	arty, organ	nization or
government which advocates the ov	erthrow	of consti	tutional g	overnment	t by force	or other n	neans not
permitted under the Constitution of the	United S	States or	the Const	titution of th	nis State; th	at I do not	directly or
indirectly teach or advocate the overt	hrow of	the gover	nment of	the United	d States or	of this St	ate or any
unlawful change in the form of the gov	ernment/	ts thereof	by force	or any unla	awful mean	S.	
				(S	Signature o	f Candidat	te)
Signed and sworn to (or affirm	ned) by_		(Name	of Candida	ite)	be	efore me,
on (insert month, day, year)							
The second state of the second							
				-	(Notary Pu	blic's Sign	nature)
(SEAL)					encental and the €v. a link (t)	<b>J</b>	esse méth05. <b>€</b> .0

### X...BIND HERE...X

Suggested Revised March 2020 SBE No. P-4

# NONPARTISAN PETITION (NON-MUNICIPAL AND COMMISSION FORM OF MUNCIPALITY)

We, the undersigned, qualified voters in the	ne		in	the
County of	ا) and State of Illinois, do he	unit of government) ereby petition that the follow	ing named person shall be a No	npartisan
Candidate for election to the office herein				
on	(date of election	n).		
NAME: OFFICE:				
ADDRESS:				
81		Full Term is sought unless an unex	pired term is stated here:year ur	
If required pursuant to 10 ILCS 5/10-5.	1, complete the following (this information		year u	1expired term
FORMERLY KNOWN AS	UNTIL NAME	CHANGED ON		
NAME	voter's printed	STREET ADDRESS	OR CITY, TOWN OR	
(VOTER'S SIGNATURE)	NAME (optional)	RR NUMBER	VILLAGE	COUNTY
1.			,IL	
2.			,IL	
3.			,IL	
4.			,IL	
5.			alL	
6.			IL	
7.			,IL	
8.			,IL	
9.			,IL	
10.			,IL	
State of	)	<del></del>		
County of	) SS			
Ī,	_(Circulator's Name) do hereby	certify that I reside at		, in the
City/Village/Unincorporated Area of				
Code), County ofage and qualified to vote in Illinois), that I am a	a citizen of the United States, and the	at the signatures on this sheet	at I am 18 years of age or older were signed in my presence, not m	or 17 years o ore than 90 day
preceding the last day of filing of the petitions a petition registered voters of the political division	and are denuine and that to the best	t of my knowledge and belief th	ne nersons so signing were at the tip	me of signing the
		((	Circulator's Signature)	
Signed and sworn to (or affirmed) by			73 18	
	(Name of Circulator)		(Insert month, day, year)	
(SEAL)			Notary Public's Signature)	
	SHEET NO	, t	totally rubile's digitatule)	
W.	SHEET NO			

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Suggested Revised March 2020 SBE No. P-4

# NONPARTISAN PETITION (NON-MUNICIPAL AND COMMISSION FORM OF MUNICIPALITY)

We, the undersigned, qualified voters in th	e		· · · · · · · · · · · · · · · · · · ·	n the	
County of		unit of government)			
Candidate for election to the office hereina	after specified, in the aforesaid u	nit of government, to be voted for a	ned person shall be a N at the election to beheld	onpartisan 1	
on	(date of election				
NAME:	OFFICE:				
ADDRESS:					
	AF	Full Term is sought, unless an unexpired term	is stated here:		
If required pursuant to 10 ILCS 5/10-5.1	, complete the following (this information	will appear on the ballot)	is stated hereyear t	inexpired term	
FORMERLY KNOWN AS		CHANGED ON			
NAME	VOTER'S PRINTED	(List date of each name cl			
(VOTER'S SIGNATURE)	NAME (optional)	RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY	
2.			,IL		
3.			,IL		
4.			,IL		
5.			,IL		
6.			,IL	2	
7.			,IL		
8.			,IL		
575 C			,IL		
9.			,IL		
10.			,IL		
State of	)	W			
County of	) SS. )				
	(Circulator's Name) do hereby c	ertify that I reside at		, in the	
City/Village/Unincorporated Area of					
Code) County of	State of				
Code), County of age and qualified to vote in Illinois), that I am a conceding the last day of filing of the petitions are petition registered voters of the political division in					
		70: 1			
Signed and sworp to (or office at ) to			r's Signature)		
Signed and sworn to (or affirmed) by	(Name of Circulator)	before me, on(In:	sert month, day, year)		
(SEAL)					
		(Notary P	ublic's Signature)	2.00	
	SHEET NO				

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Suggested Revised March 2020 SBE No. P-4

# NONPARTISAN PETITION (NON-MUNICIPAL AND COMMISSION FORM OF MUNCIPALITY)

We, the undersigned, qualified voters in th	e		i,	n the	
County of	,	unit of government)			
Candidate for election to the office hereina	after specified, in the aforesaid u	unit of government, to be voted for	at the election to be held	onpartisan 1	
on					
NAME:	OFFICE:				
ADDRESS:					
		Full Term is sought, unless an unexpired term	is stated here.	8 8	
If required pursuant to 10 ILCS 5/10-5.1	, complete the following (this information		ris stated here:year t	unexpired term	
FORMERLY KNOWN AS	UNTIL NAME	CHANGED ON			
(List all nar	voter's PRINTED	(List date of each name of			
(VOTER'S SIGNATURE)	NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY	
1.			,iL		
2.			,IL		
3.			,IL		
			,IL		
5.			,IL		
6.			,IL		
7.			,IL		
8.			,IL		
9.			,IL		
10.			,IL		
State of	)	= 12000			
County of	) SS.				
1	(Circulator's Name) do hereby o	certify that I reside at		, in the	
City/Village/Unincorporated Area of					
Code), County of age and qualified to vote in Illinois), that I am a or preceding the last day of filing of the petitions are petition registered voters of the political division in					
		(Circulate	or's Signature)		
Signed and sworn to (or affirmed) by	(Name of Circulator)	before me, on(Ir	esert month downers		
(SEAL)	(	(ii	isert monur, day, year)		
		(Notary F	oublic's Signature)		
4	SHEET NO				