Suggested Revised July, 2007 SBE No. P-1A

STATEMENT OF CANDIDACY

NONPARTISAN

NAME	ADDRESS-ZIP CODE	OFFICE	CITY, VILLAGE OR SPECIAL DISTRICT
If required pursuant to 10 ILCS 5/10	-5.1, complete the following (this info	ormation will appear on the ballot))
FORMERLY KNOWN AS(List all r	uNTIL aames during last 3 years)	NAME CHANGED ON(List of	late of each name change)
STATE OF ILLINOIS)) SS.		
County of) 33.		
l,	being first c	duly sworn (or affirmed),	say that I reside at
	, in the City, \	Village, Unincorporated A	Area (circle one) of
(i	f unincorporated, list municipality t	that provides postal service) Zip	p Code, in the
County of	_, State of Illinois; that I am a qua	lified voter therein, that I am a	candidate for Nomination/
Election to the office of	in t	theName of City, Villa	ge or Special District
to be voted upon at the election to b			
hold such office and that I have filed			
as required by the Illinois Governm	nental Ethics Act and I hereby rec	quest that my name be printed	upon the official ballot for
Nomination/Election to such office.			
		(Signature of C	andidate)
Signed and sworn to (or affirmed)) by	before me, on	(insert month, day, year)
	(Name of Candid	date)	(insert month, day, year)
(SEAL)		(Notary Public's	s Signature)

10 ILCS 5/10-15 105 ILCS 5/9-12, 9-12.1

CERTIFICATE OF BALLOT

Mandated Revised November, 2005 SBE No. G-6

(For School Districts)

FORMAT 5

who prepares ballots for the political subdivision. TO: ______ Election Authority FROM: _____ Local Election Official in and for_____ (School District) in the County of _____ and State of Illinois.

Local election official must certify to each election authority (county clerk or board of election commissioners)

I, the undersigned Local Election Official in and for the school district aforesaid, do hereby state that this certificate of ballot, consisting of page(s), is a true and correct listing of all candidates, in the order that they are to appear on the ballot, to be voted on at the Consolidated Election to be held on _____ (insert month, day, year) DATED: (insert month, day, year) (Local Election Official/School Board Secretary) For additional candidates use another page. OFFICIAL BALLOT Instructions to voter: Membership on the board of education is to consist of 4 members from the congressional township that has at least 75% but not more than 90% of the population, and 3 board members from the remaining congressional townships in the school district. ON THE BASIS OF EXISTING BOARD MEMBERSHIP, MEMBERS MAY BE ELECTED IN THE FOLLOWING NUMBERS FROM EACH CONGRESSIONAL TOWNSHIP. FOR MEMBERS OF THE BOARD OF EDUCATION TO SERVE AN UNEXPIRED 2-YEAR TERM FROM (name)_____TOWNSHIP______RANGE_____ **VOTE FOR ONE**

Page 1 of _____ pages

FOR MEMBERS OF THE BOARD OF EDUCATION TO SERVE A FULL 4-YEAR TERM

VOTE FOR _____

	shall be elected from (name)	Township	Range
(name)	TOWNSHIP	RANGE	
Γ	¬		
[]		
[
[
[
		VOTE FOR	
	board members shall be elected from	the remaining congression	al townships.
The remai	ning Congressional Townships		
		-	

FORMAT 5

This format is used by community unit and community consolidated school districts formed prior to January 1, 1975, and combined school districts formed prior to July 1, 1983, when the territory of the school district is greater than 2 congressional townships, or 72 square miles and when at least 75%, but not more than 90% of the population resides in one congressional township. In this case, 4 school board members shall be selected from that one congressional township and the 3 remaining board members shall be selected from the rest of the district. If a congressional township has the same boundaries as a political township, the township may be identified on the ballot by both its township name and by township number and range.

If 6-year terms have been adopted, appropriate adjustments should be made to the format and any unexpired terms must indicate whether it is a 4-year or a 2-year unexpired term.

If the vacancy is in remaining congressional township, indicate "remaining congressional township" instead of specific township. List area of residence for full terms according to time and date of filing or by lottery, if required. All candidates from one area of residence are listed together.

Page of pa	iges
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PRE-FILING NOTICE

NOTICE is hereby give	en that the office	of		
		(Local Election (Official)	
will be open from	to	beginning		
will be open from				
through(Insert month, day, yea	for the	e purpose of accepting ca	andidate petitions or certifi	cates for
(Insert month, day, yea	r)	election to be held on		for the
the		_ election to be field on _	(Insert month, day, year)	
following offices.				
	LIST ALL OFFI	CES TO BE VOTED UP	ON:	
		Signa	iture of Local Election Office	rial

Should be published and posted in a conspicuous place at least 10 days prior to filing period.

NOTICE OF SIMULTANEOUS FILING LOTTERY

Notice is hereby given that on		at ,
Notice is hereby given that on	(date)	at, (time)
at the office of		a lottery to determine ballot
at the office of(Local Election	Official)	
placement for the		election will be held for the following
candidates:		
(Name)		(Office)
(Name)		(Office)
(Name)		(Office)
(Name)		(Office)
` ,		,
		Signature of Local Election Official)

Suggested form to be posted in the office of the local election official and sent to the chairman of each political party, each organization entitled to have pollwatchers at the last preceding election and each candidate involved in the lottery.

10 ILCS 5/7-10.1

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

LOYALTY OATH (OPTIONAL)

United States of America)	SS.		
State of Illinois)	33 .		
I,		, do	o swear (or affirm) that I a	m a citizen of the
United States and the State of Illi	nois, that I an	n not affiliated	I directly or indirectly wit	h any communist
organization or any communist fro	ont organization	n, or any fore	ign political agency, part	y, organization or
government which advocates the	overthrow of	constitutional	government by force or	other means not
permitted under the Constitution of	the United Stat	tes or the Cons	stitution of this State; that	I do not directly or
indirectly teach or advocate the ov	erthrow of the	government of	of the United States or of	this State or any
unlawful change in the form of the	governments th	hereof by force	or any unlawful means.	
			(Signature of C	'andidato)
			(Signature of C	andidate)
Cianad and awarn to (or of	firmed) by			hoforo mo
Signed and sworn to (or af	iiimea) by	(Nam	ne of Candidate)	before me,
on (insert month, day, year)				
(insert month, day, year)				
			(Notany Bubli	c's Signature)
(SEAL)			(Notally Publi	o a olyllature)
(OLAL)				

DECLARATION

OF

INTENT TO BE A WRITE-IN CANDIDATE

To:(Election Authority)	in	the County of	and State of Illinois.
I,	, state tha	t I am a qualified primary elec	tor of the
Party (for use in primary only) and a resi	dent of the	precinct of the (1)* to	wnship of
(2)* City/Village of	or (3)*	ward in the City of _	
residing at		in such City, Village or Town,	and State of Illinois, that It's my
intention to be a	Party	(for use in primary only) writ	e-in candidate for the office of
	, full term	or vacancy (circle one) at	the
election to be held on	(date of election).	
that the statements set forth in this requ *Fill in either (1), (2) or (3)	uest are true and	d correct.	
		(Signatur	e of Candidate)
Signed and sworn to (or affirme	ed) by	(Name of Candidate)	before me, on
(insert month, day, year)			
(SEAL)		(Notary	Public's Signature)

An original Declaration of Intent must be filed with *each* election authority [county clerk(s) or board(s) of election commissioners in the territory] not later than 61 days before the election.

WITHDRAWAL OF CANDIDACY

Ι,		(Nam	e of Candidate) being f	irst duly sworn, say
that I reside at		in the City/	Village of	
County of	and State of Illinois	that I am the	same person whose r	name is subscribed
hereto in whose behalf nomination p	apers were filed for tl	ne office of		
district,	Party	, and I hereby	withdraw as a candidat	e for said office and
respectfully request that my nar	ne <u>NOT</u> be printe	d upon the	official ballot as a	candidate for the
Election to	o be held on		(date of elec	ction).
			SIGNATURE OF CAN	IDIDATE
STATE OF)) SS.			
Ι,	,aI	Notary Public,	in and for said County a	and State aforesaid
do hereby certify that				
whose name is subscribed to in			·	•
acknowledged that he/she signed th	e said instrument as	his free and v	oluntary act of his/her o	wn will and accord
Signed and sworn to (or affir	med) by			before me on
		(Name of	Candidate)	
(insert month, day, year)				
(SEAL)				
		(Notary P	ublic's Signature)	

Withdrawal is filed with the office where original nominating petition or certificate of nomination was filed. Upon receipt, the local election official must issue amended certification to each election authority who prepares ballots for the political subdivision.

CERTIFICATION OF DELETIONS

one) to the off	ice of	(date of election	at the).		Election
Page No.	Line No.	Page No.	Line No.	Page No.	Line No

Only the person circulating the petition, or the candidate on whose behalf the petition is circulated, may strike any signature from the petition. If deletions are made, this **CERTIFICATION OF DELETIONS** shall be filed as part of the petition.

(Signature of Person Deleting Signatures)

CERTIFICATE OF ATTACHED LIST OF DELETIONS

s who have stricken signatures from the attached hereby certify that there		
TIFICATION OF DELETIONS listing signatures which have been stricken,		
titions of (Name of Candidate) who		
the office of at the		is a
on to be held on (date of election).	Electio	
numbers indicated on the attached CERTIFICATION OF DELETIONS:	The following are the page r	
	(CANDIDATE)	
(Circulator)	(Circulator)	
signatures from the petition shall each sign this certificate.	Every person striking	

Every person striking signatures from the petition shall each sign this certificate. This certificate shall be filed as part of the petition, shall be numbered, and shall be attached immediately following the last page of voters' signatures and preceding any **CERTIFICATE OF DELETION** sheet.

X...BIND HERE...X

Suggested Revised May, 2014 SBE No. P-7

PETITION FOR NOMINATION

We, the undersigned, being (or petition that	more) (or 10% or more) (or 5% or more) of	the voters residing within said di	strict, hereby
petition that		orated, list municipality that provi e office of rs) to be voted for at the Consoli	des postal
If required pursuant to 10 ILCS 5/10-5.1,	complete the following (this information	n will appear on the ballot)	
FORMERLY KNOWN AS(List all names of	UNTIL NAME CHANG	GED ON	
(List all names of	during last 3 years)	(List date of each na	ame change)
NAME (VOTER'S SIGNATURE)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1		IL	
2		IL	
3		IL	
4		IL	
5		IL	
6		IL	
7		IL	
8		IL	
9		IL	
10		IL	
11		IL	
12		IL	
State of)		
County of) SS.)		
(Circulator's Name)	do hereby certify that I reside at	(Street Address)	
in the of (City/Village/Unincorporated Area)	(if unincorporated, list municipality that p	(Sileet Address)	· · · · · · · · · · · · · · · · · · ·
County of, State outlief the petitions and are genuine and that to to petition registered voters of the political divisions are correctly stated, as above set forth.	f that I am 18 ye sheet were signed in my presence, not mo he best of my knowledge and belief the per	ears of age or older, that I am ore than 90 days preceding the larsons so signing were at the tim	e of signing the
		(Circulator's Signature)	
Signed and sworn to (or affirmed) by	(Name of Circulator)	_before me, on(insert month,	 dav. vear)
(SEAL)			
		(Notary Public's Signature)	
	SHEET NO		

Suggested Revised May, 2014 SBE No. P-7A

PETITION FOR NOMINATION FOR SCHOOL BOARDS WHICH ELECT FROM DISTRICTS RATHER THAN AT-LARGE OR BY TOWNSHIP

We, the undersigned, being (or mo (specify district number 1 - 7) hereby petition that	re) (or 10% or more) (or 5% or more) of the	e voters residing within who resides at	district,	
in the City, Village, I	Unincorporated Area (circle one) of	(If un	incorporated,	
list municipality that provides postal service) in s of the Board of Education (or Board of Directors to be voted for at the Consolidated Election to be	aid district shall be a candidate for the office) full term <i>or year</i> vacancy (circle on each eld on (e) District (specify date of election).	/ district 1 - 7)	
If required pursuant to 10 ILCS 5/10-5.1, comple	ete the following (this information will appea	r on the ballot)		
FORMERLY KNOWN AS	UNTIL NAME CHANGE	D ON		
FORMERLY KNOWN AS UNTIL NAME CHAN (List all names during last 3 years)		(List date of each name change)		
NAME (VOTER'S SIGNATURE)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY	
1		IL		
2		IL		
3		IL		
4		IL		
5		IL		
6		IL		
7		IL		
8		IL		
9		IL		
10		IL		
11		IL		
12		IL		
State of) County of)	SS.			
I,(Circulator's Name)	do hereby certify that I reside at	(Street Address)	,	
in the of (City/Village/Unincorporated Area) ((Street Address)		
County of, State of United States, and that the signatures on this shof the petitions and are genuine and that to the petition registered voters of the political division are correctly stated, as above set forth.	that I am18 year neet were signed in my presence, not more best of my knowledge and belief the perso	s of age or older, that I am a than 90 days preceding the la ons so signing were at the time	a citizen of the ast day for filing e of signing the	
Signed and sworn to (or affirmed) by		(Circulator's Signature)		
Signed and sworn to (or animieu) by	(Name of Circulator)	efore me, on(insert mont	h, day, year)	
(SEAL)				
,		(Notary Public's Signature)		

RECEIPT FOR FILING

Rece	ipt is hereby acknowledg	ed of the petition or caud	cus certifica	te of:
_		NAME		_
		NAME		
_		ADDRESS		-
		ADDITLOG		
_	OFFICE		-	
_				_
Γ	DISTRICT		PARTY	′
This patition/square cartificate i	a doomad filad at:	o/ clock (AM) (F	2M/) on	
This petition/caucus certificate i	s deemed liled at	O' Clock (Alvi) (F	-IVI) OII	(insert month, day, year)
DATED:(insert month, day,	· · · · · · · · · · · · · · · · · · ·			
(insert month, day,	year)	SIGNA	TURE OF E	ELECTION AUTHORITY