Suggested Revised July, 2007 SBE P-1B

STATEMENT OF CANDIDACY

INDEPENDENT

NAME	ADDRESS-ZIP CODE	OFFICE	CITY, VILLAGE, TOWNSHIP, COUNTY, DISTRICT OR STATE
If required pursuant to 10 ILCS	5/10-5.1, complete the following	g (this information will appear o	on the ballot)
FORMERLY KNOWN AS	t all names during last 3 years)	_ UNTIL NAME CHANGED O	N(List date of each name change)
(=:0	tammames aaning lact o years,		(List sale of odon name onange)
STATE OF ILLINOIS)) SS.		
County of)		
1	hei	na firet duly sworn (or	affirmed), say that I reside at
1,		City, Village, Unincorp	
			service) Zip Code, in the
			hat I am a candidate for election to the
-			
office of		Name of City, Village, Towns	to be ship, County, District or State
voted upon at the election to	be held on	(date of ele	ection) and that I am legally qualified
(including being the holder of a	any license that may be an el	ligibility requirement for the	office to which I seek election) to hold
such office and that I have filed	d (or I will file before the close	e of the petition filing period)	a Statement of Economic Interests as
required by the Illinois Govern	nmental Ethics Act and I her	reby request that my name	be printed upon the official ballot for
election to such office.			
		(Sig	nature of Candidate)
Signed and sworn to (or affir	med) by	bet	ore me, on
	(Name	of Candidate)	(insert month, day, year)
(SEAL)		(No	tary Public's Signature)

ΛTTΛ	CH TO	PETITION	
ALIA	CHIU	PETITION	

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 .			
Ι,			, do swear (or affirm) that I ar	n a citizen of the
United States and the State of Illin	nois, that I a	am not aff	liated directly	or indirectly with	any communist
organization or any communist from	nt organizati	on, or any	foreign politi	cal agency, party	, organization or
government which advocates the	overthrow of	f constituti	onal governm	ent by force or	other means not
permitted under the Constitution of t	the United St	ates or the	Constitution	of this State; that I	do not directly or
indirectly teach or advocate the over	erthrow of th	e governn	nent of the Un	ited States or of	this State or any
unlawful change in the form of the g	jovernments	thereof by	force or any u	ınlawful means.	
				(Signature of Ca	andidate)
				(Signature or Ca	andidate)
Signed and sworn to (or aff	irmod) by				before me,
Signed and Sworn to (or an	irriled) by	(Name of Cand	lidate)	belore file,
on (insert month, day, year)					
(insert month, day, year)					
				(Notary Public	s's Signature)
(SEAL)				(Notary Fublic	o olynature)
(OLAL)					

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

STATEMENT OF CANDIDACY

NEW POLITICAL PARTY

NAME	ADDRESS-ZIP CODE	OFFICE	TOWNSHIP, COUNTY, DISTRICT OR STATE	PARTY
If required pursuant to 10 IL	CS 5/10-5.1, complete the fo	llowing (this information v	will appear on the ballot)	
FORMERLY KNOWN AS(List all names during last 3 y	UNTIL NAME CH	HANGED ON(List date of	each name change)
STATE OF ILLINOIS)	_		
County of) S:)	S.		
			(55 1)	
			sworn (or affirmed), say	
			Unincorporated Area	
County of				
office of	i	n the Name of City, Vi	illage, Township, County, D	District or State
to be voted upon at the elec				
(including being the holder	of any license that may be	an eligibility requireme	ent for the office to which I s	seek election) to hold
such office and that I have f	iled (or I will file before the	close of the petition fili	ng period) a Statement of E	conomic Interests as
required by the Illinois Gov	ernmental Ethics Act and	I hereby request that	my name be printed upon	the official ballot for
election to such office.				
			(Signature of Candid	date)
Signed and sworn to (or a	ffirmed) by		before me, on	
5 ((N	lame of Candidate)	(inse	ert month, day, year)
(SFAL)			(Notary Public's Sign	nature)

Suggested New August, 2008 SBE No. P-1K

STATEMENT OF CANDIDACY

(NOMINATION BY CAUCUS)

NAME	ADDRESS-ZIP CODE	OFFICE	CITY, VILLAGE OR TOWNSHIP	PARTY
If required pursuant to 10 ILCS 5/7-10	.2, 8-8.1 or 10-5.1, complete the	e following (this information	n will appear on the b	allot)
FORMERLY KNOWN AS(List all na	UNTI	L NAME CHANGED ON	(List data of assh	nama ahanga)
(List all ha	ames during last 5 years)		(List date of each	rname change)
STATE OF ILLINOIS)			
County of) SS.			
County of	/			
l,	(Name of Cand	lidate) being first duly sv	vorn (or affirmed), sa	y that I reside at
	, in the City,	Village, Unincorpo	rated Area (cir	cle one) of
(if ur	incorporated, list municipality	that provides postal se	ervice) Zip Code	, in the
County of	, State of Illinois; that I am	a qualified voter therein	and am a qualified	Primary voter of
the	Party; that I a	am a candidate fo	or election to	the office of
	_ in the	(city, villag	e or township), as du	uly nominated at
said party's caucus, to be voted upon	at the election to be held on _		(date of ele	ection) and that I
am legally qualified (including being t	he holder of any license that n	nay be an eligibility requ	irement for the office	e to which I seek
the nomination) to hold such office ar	nd 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	e Illinois Governmental Ethics	Act and I hereby reque	st that my name be	orinted upon the
official ballot for election to such offic	e.			
		(Signa	ature of Candidate)	
Signed and sworn to (or affirmed) b	v	, •	•	
o.g.iou and oriente (or annihou) b	(Name of Candidate)		(insert m	onth, day, year)
(SEAL)		(Notai	ry Public's Signature	

CERTIFICATION OF DELETIONS

Electior	e	at tr).	(date of election	ice of	
Line No.	Page No.	Line No.	Page No.	Line No.	Page 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.

CERTIFICATE OF ATTACHED LIST OF DELETIONS

and are attached hereafter to the petitions of	(Name of Candidate) who
is a candidate for election to the office of	
	(date of election).
The following are the page numbers indicated o	on the attached CERTIFICATION OF DELETIONS:
(CANDIDATE)	
(Circulator)	(Circulator)
(Circulator) Every person striking signatures from the part of the be attached immediately following the	petition shall each sign this certificate. petition, shall be numbered, and shall

SHEET NO. _____

preceding any CERTIFICATE OF DELETION sheet.

X...BIND HERE...X

Suggested Revised July, 2007

INDE	PENDENT CANDIDA	ATE PETITION		SBE No. P-3
the	of	in th	e County of _	
that the follo	owing named person shall b	e an Independent	Candidate f	or election to the office
he	Election to be	e held on		(date of election)

	<u> </u>		
NAME	OFFICE	ADDRESS	ZIP CODE
	, complete the following (this information		
FORMERLY KNOWN AS(List all name	UNTIL NAME CHAes during last 3 years)	ANGED ON(List date of e	ach 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
13			IL
14			IL
15			IL
State of)		•
County of) SS.		
	(Circulator's Name) do hereby certify	that I reside at	
in the City/Village/Unincorporated Area (ci	 -		unicipality that provide
postal service) Zip Code, Colder, that I am a citizen of the United Stapreceding the last day for filing of the petiticat the time of signing the petition registere	County of, State tes, and that the signatures on this sheet ons and are genuine and that to the best of	of that et were signed in my presence, of my knowledge and belief the p	I am 18 years of age on not more than 90 day ersons so signing were
respective residences are correctly stated		the candidate is seeking elective	onice, and that the
		(Circulator's Signature))
Signed and sworn to (or affirmed) by	(Name of Circulator)	before me, on(inse	ort month, day, year)
	(ivallie of Circulator)	(INSE	n monun, day, year)

X...BIND HERE...X

Suggested Revised August, 2008 SBE No. P-4

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

We, the undersigned, qualified voters in	in the Cou	in the County of		
and State of II	(unit of government) linois, do hereby petition that the following r		isan Candidate for	
election to the office hereinafter spec	ified, in the aforesaid unit of government election).			
NAME	OFFICE	ADDRESS 711	2 CODE	
NAME	OFFICE	ADDRESSZII	CODE	
	office title:			
	full term or year vacancy (circle o	one)		
If required pursuant to 10 ILCS 5/10-5	.1, complete the following (this information w	vill appear on the ballot)		
FORMERI Y KNOWN AS	LINTII NAME CH	JANGED ON		
(List all nar	UNTIL NAME CH mes during last 3 years)	(List date of each	n 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	
State of)			
County of	ý SS.			
(Circulator's Name)	do hereby certify that I reside at	(Street Address)	;	
in the(City/Village/Unincorporated Area	of (if unincorporated, list municipality the	hat provides postal service)	(Zip Code)	
County of, States, and that the signatures on this septitions and are genuine and that to the	that I am 18 y heet were signed in my presence, not more best of my knowledge and belief the person which the candidate is seeking elective office.	rears of age or older, that I am a c than 90 days preceding the last ns so signing were at the time of	itizen of the United day for filing of the signing the petition	
	(Ci	irculator's Signature)		
Signed and sworn to (or affirmed) by		before me, on	nth, day, year)	
	(Name of Circulator)	(insert mor	nth, day, year)	
(SEAL)		(Notary Public's Signature)	<u> </u>	
	SHEET NO	(Hotary I abile 3 digitature)	,	

X...BIND HERE...X

Suggested Revised July, 2007 SBE No. P-4-1

PETITION FOR NOMINATION (FOX WATERWAY MANAGEMENT AGENCY)

election).			
NAME	OFFICE	ADDRESSZIF	CODE
f required pursuant to 10 ILCS 5/10-5.1, com	plete the following (this information will	appear on the ballot)	
FORMERLY KNOWN AS(List all names of	UNTIL NAME CHA	ANGED ON(List date of each	name change)
NAME	STREET ADDRESS OR	CITY, TOWN OR	Tharrie Charige)
(VOTER'S SIGNATURE)	RR NUMBER	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
13			IL
14			IL
15			IL
State of)	I	
County of) SS.		
	, do hereby certify that I reside at	•	
(Circulator's Name)		(Street Address)
n the of (City/Village/Unincorporated Area) County of , State of	(if unincorporated, list municipality the	at provides postal service) rears of age or older, that I am a ci	, (Zip Code) tizen of the United
County of, State of, State of, States, and that the signatures on this sheet petitions and are genuine and that to the best registered voters of the political division in which stated, as above set forth.	of my knowledge and belief the person	ns so signing were at the time of s	signing the petition
		(Circulator's Signature)	
Signed and sworn to (or affirmed) by	(Name of Circulator)	before me, on(Insert m	onth day year
	(INAME OF CITCULATOR)	(insert m	onui, day, year)
(SEAL)		(Notary Public's Signature)	
	SHEET NO.		

Suggested Revised July, 2007 SBE No. P-4-2

PETITION FOR NOMINATION

Fire Protection Districts

To the Secretary of the Board of Tr	ustees of		(name of fire di	strict)
We, the undersigned being hereby petition that	V	or 5% or mo who resides a	re) of the voters residing t	within the district
name) in the City, Village, Unincorporated Ar list municipality that provides postal se	of candidate) ea (circle one) ofervice) Zip Code	County of	(if u,State o	unincorporated, f Illinois, in this
district shall be a candidate for the office of			of the Board of Truste	es, full-term or
year vacancy (circle one) to be v	oted for at the election to	be held	(d	ate of election).
If required pursuant to 10 ILCS 5/10-5	.1, complete the following	(this informa	ation will appear on the ba	allot)
FORMERLY KNOWN AS(List all nam	UNTIL es during last 3 years)	NAME CHA	NGED ON(List date of each	ch name change)
NAME (SIGNATURE)	STREET ADDR		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.)	rtify that I re	side at	
I,(Circulator's Name)	do notoby do	rany and three	(Street Ad	dress)
(Circulator's Name) in the	State of	that et were signe e and that to red voters of	I am 18 years of age or one of in my presence, not me the best of my knowled the political division in who	older, that I am a ore than 90 days ge and belief the ich the candidate
		(Circ	ulator's Signature)	
Signed and sworn to (or affirmed) by		,	,	
Signed and sworn to (or affirmed) by _	(Name of Circulate	or)	pefore me, on(insert me	onth, day, year)
(SEAL)			(Notary Public's Si	anature)
	SHEET NO.		(INOTALLY PUBLICS SI	gnature <i>)</i>