

STATEMENT OF CANDIDACY

NAME	ADDRESS-ZIP CODE	OFFICE	DISTRICT	PARTY

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, _____ (Name of Candidate) being first duly sworn (or affirmed), say that I reside at _____, in the City, Village, Unincorporated Area (circle one) 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 and am a qualified Primary voter of the _____ Party; that I am a candidate for Nomination/Election to the office of _____ in the _____ District, to be voted upon at the primary election to be held on _____ (date of election) and that I am legally qualified (including being the holder of any license that may be an eligibility requirement for the office to which I seek the nomination) 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 _____ (Name of Party) Primary ballot for Nomination/Election for 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)

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 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)
)
County of _____) SS.

I, _____ being first duly sworn (or affirmed), say that I reside at _____, in the City, Village, Unincorporated Area (circle one) 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 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 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 Nomination/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)

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 (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)
)
County of _____) SS.

I, _____ being first duly sworn (or affirmed), say that I reside at _____, in the City, Village, Unincorporated Area (circle one) 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 _____
Name of City, Village, Township, County, District or State

voted upon at the election to be held on _____ (date of election) and that 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)

ATTACH TO PETITION

10 ILCS 5/7-10.1

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

L O Y A L T Y O A T H
(OPTIONAL)

United States of America)
)
State of Illinois) SS.

I, _____, do swear (or affirm) that I am a citizen of the United States and the State of Illinois, that I am not affiliated directly or indirectly with any communist organization or any communist front organization, or any foreign political agency, party, organization or government which advocates the overthrow of constitutional government by force or other means not permitted under the Constitution of the United States or the Constitution of this State; that I do not directly or indirectly teach or advocate the overthrow of the government of the United States or of this State or any unlawful change in the form of the governments thereof by force or any unlawful means.

(Signature of Candidate)

Signed and sworn to (or affirmed) by _____ before me,
(Name of Candidate)

on _____.
(insert month, day, year)

(Notary Public's Signature)

(SEAL)

STATEMENT OF CANDIDACY
NEW POLITICAL PARTY

NAME	ADDRESS-ZIP CODE	OFFICE	CITY, VILLAGE, TOWNSHIP, COUNTY, DISTRICT OR STATE	PARTY

If required pursuant to 10 ILCS 5/10-5.1, 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)
)
County of _____) SS.

I, _____ being first duly sworn (or affirmed), say that I reside at _____, in the City, Village, Unincorporated Area (circle one) 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 _____
Name of City, Village, Township, County, District or State

to be voted upon at the election to be held on _____ (date of election) and that 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)

_____ ATTACH TO PETITION _____

10 ILCS 5/7-10.3

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

STATEMENT OF DECLARATION
OF
PREFERENCE FOR PRESIDENT OF THE UNITED STATES
Delegate and Alternate Delegate

I, _____, do hereby declare that I prefer
_____ for President of the United States.

I, _____, do hereby declare that I am
uncommitted as to preference for President of the United States.

(Signature of Candidate)

Signed and sworn to (or affirmed) by _____ before me, on
(Name of Candidate)
_____.
(insert month, day, year)

(Notary Public's Signature)

(SEAL)

**DECLARATION
OF
INTENT TO BE A WRITE-IN CANDIDATE**

To: _____ in the County of _____ and State of Illinois.
(Election Authority)

I, _____, state that I am a qualified primary elector of the _____
Party (for use in primary only) and a resident of the _____ precinct of the (1)* township 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) write-in candidate for the office of
_____, full term or vacancy (circle one) at the _____
election to be held on _____ (date of election).

Under penalties as provided by law pursuant to 10 ILCS 5/29-10 the undersigned certifies
that the statements set forth in this request are true and correct.

*Fill in either (1), (2) or (3)

(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)

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.

**LIST OF PERSONS WHO FILED A DECLARATION
OF
INTENT TO BE A WRITE-IN CANDIDATE**

TO: JUDGES OF ELECTION

PRECINCT NO. _____

FROM: _____
(Election Authority)

DATE: _____

The following is a list of persons who have filed a Statement of Declaration of Intent to be a Write-in Candidate:

NAME	ADDRESS	OFFICE THE PERSON SEEKS

The election authority shall deliver a list of all persons who have filed such declarations to the election judges in the appropriate precincts prior to the election.

STATEMENT OF CANDIDACY
TO FILL VACANCY IN NOMINATION

NAME	ADDRESS-ZIP CODE	OFFICE	DISTRICT	PARTY

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 (circle one) 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 and am a qualified Primary voter of the _____ Party; and I have been selected to fill a vacancy in nomination for the office of _____ in the _____ District, to be voted upon at the _____ election to be held on _____ (date of election) and that I am legally qualified (including being the holder of any license that may be an eligibility requirement for the office I seek election) to hold such office and that I have filed (or I will file before the deadline to fill the vacancy in nomination) 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 for 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)

STATEMENT OF CANDIDACY
DELEGATE AND ALTERNATE DELEGATE

NAME	ADDRESS-ZIP CODE	OFFICE	DISTRICT	PARTY

If required pursuant to 10 ILCS 5/7-10.2, 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 (circle one) 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 and am a qualified Primary voter of the _____ Party; that I am a candidate for election to the office of _____ in the _____ District, to be voted upon at the primary election to be held on _____ (date of election) and that I am legally qualified to hold such office and I hereby request that my name be printed upon the official _____ (Name of Party) Primary ballot for election for such office.

prefer _____ for President of the United States.

declare that I am uncommitted as to preference for President of the United States.

(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)

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 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)
)
County of _____) SS.

I, _____ (Name of Candidate) being first duly sworn (or affirmed), say that I reside at _____, in the City, Village, Unincorporated Area (circle one) 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 and am a qualified Primary voter of the _____ Party; that I am a candidate for election to the office of _____ in the _____ (city, village or township), as duly nominated at said party's caucus, to be voted upon at the election to be held on _____ (date of election) and that I am legally qualified (including being the holder of any license that may be an eligibility requirement for the office to which I seek the nomination) 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)

CERTIFICATION OF DELETIONS

I, _____, Candidate or Circulator (circle one) do hereby certify that I have properly initialed the deletions of signatures, listed hereinafter by page and line numbers, from the petition of _____ (Name of Candidate) who is a candidate for election or nomination (circle one) to the office of _____ at the _____ Election to be held on _____ (date of election).

Page No.	Line No.	Page No.	Line No.	Page No.	Line No.

(Signature of Person Deleting Signatures)

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

We, the undersigned persons who have stricken signatures from the attached hereby certify that there is/are _____ page(s) of **CERTIFICATION OF DELETIONS** listing signatures which have been stricken, and are attached hereafter to the petitions of _____ (Name of Candidate) who is a candidate for election to the office of _____ at the _____ Election to be held on _____ (date of election).

The following are the page numbers indicated on the attached **CERTIFICATION OF DELETIONS**:

(CANDIDATE)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

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.

INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the _____ of _____ in the County of _____ and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the _____ Election to be held on _____ (date of election).

Table with 3 columns: NAME, OFFICE, ADDRESS--ZIP CODE

If required pursuant to 10 ILCS 5/10-5.1, 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)

Table with 4 columns: NAME (VOTER'S SIGNATURE), STREET ADDRESS OR RR NUMBER, CITY, TOWN OR VILLAGE, COUNTY. Rows 1-15.

State of _____) County of _____) SS.

I, _____ (Circulator's Name) do hereby certify that I reside at _____ in the City/Village/Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____, County of _____, State of _____ that I am 18 years of age or older, that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition registered voters of the political division in which the candidate is seeking elective office, and that their respective residences are correctly stated, as above set forth.

(Circulator's Signature)

Signed and sworn to (or affirmed) by _____ before me, on _____ (Name of Circulator) (insert month, day, year)

(SEAL)

(Notary Public's Signature)

RESOLUTION TO FILL A VACANCY IN NOMINATION

(Failure to nominate candidate at primary election)

WHEREAS, a vacancy in the nomination of the _____ Party for the Office of _____
_____ in and for the _____ District (if applicable) of Illinois exists due to the failure to nominate a candidate
for the Office of _____ in and for the _____ District (if applicable) of Illinois at the
primary election conducted on _____ (date of election);

WHEREAS, the _____ Committee of the _____ Party in and for the
_____ District (if applicable) of Illinois has voted to nominate a candidate of the _____ Party to fill
said vacancy as required by 10 ILCS 5/7-61 or 5/8-17 therefore;

BE IT RESOLVED, that the _____ Committee of the _____ Party in and for the
_____ District (if applicable) of Illinois hereby nominates _____,
(Name of Candidate)

If required pursuant to 10 ILCS 5/7-10.2 or 8-8.1, 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)

of _____, _____, Illinois _____ for the office of
(Address) (City, Village, Town) (Zip Code)

_____ in and for the _____ District (if applicable) of Illinois to be voted upon at
the General or Consolidated Election to be held on _____ (date of election).

(CHAIRMAN)

_____ Committee

of the _____ District (if applicable)

(SECRETARY)

_____ Committee

of the _____ District (if applicable)

Date of meeting: _____
(insert month, day, year)

Signed and sworn to (or affirmed) by _____ before me, on _____.
(Name of Chairman & Secretary) (insert month, day, year)

(SEAL)

(Notary Public's Signature)

This resolution must be accompanied by a Statement of Candidacy and a receipt for filing a Statement of Economic Interests as required by the Illinois Governmental Ethics Act.

**RESOLUTION TO FILL A VACANCY IN NOMINATION
OCCURRING AFTER PRIMARY ELECTION**

WHEREAS, a vacancy in the nomination of the _____ Party for the office of _____
in and for the _____ District (if applicable) of Illinois was created by the _____
of _____ which occurred on _____, for the office of _____
(Name of Original Candidate) (insert month, day, year)
_____ in and for the _____ District (if applicable) in the State of Illinois; and

WHEREAS, the _____ Committee of the _____ Party in and for the _____
District (if applicable) of Illinois has voted to nominate a candidate of the _____ Party to fill said vacancy as
required by 10 ILCS 5/7-61, 5/8-17 and/or 5/10-11, therefore;

BE IT RESOLVED, that the _____ Committee of the _____ Party in and for the _____
District (if applicable) in the State of Illinois hereby nominates _____
(Name)

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)
of _____, _____, Illinois _____ for the office of _____
(Address) (City, Village, Town) (Zip Code)
_____ in and for the _____ District (if applicable) of Illinois to be voted upon at the
General or Consolidated Election to be held on _____
(date of election).

(CHAIRMAN) _____
_____ Committee _____
of the _____ District (if applicable) of the _____ District (if applicable)

Date of meeting: _____
(insert month, day, year)

Signed and sworn to (or affirmed) by _____ before me, on _____
(Name of Chairman & Secretary) (insert month, day, year)

(SEAL)

(Notary Public's Signature)

This resolution must be accompanied by a Statement of Candidacy and a receipt for filing a Statement of Economic Interests as required by the Illinois Governmental Ethics Act.

RESOLUTION TO FILL A VACANCY IN NOMINATION
(COUNTY ONLY)

WHEREAS, a vacancy in the nomination of the _____ Party for the office of _____
in and for the _____ of _____ County, State of Illinois, was created by
(County/County Board District)
the _____ and,
(Reason)

WHEREAS, the _____ Committee of the _____ Party in and for the
_____ in the County of _____, in the State of Illinois, has voted to nominate a
(County/County Board District)
candidate of the _____ Party to fill said vacancy as provided for by 10 ILCS 5/7-11.1 and 5/7-61, therefore;

BE IT RESOLVED, that the _____ Committee of the _____ Party in and
for the _____ of _____ County, State of Illinois hereby nominates
(County/County Board District)

(Name)
If required pursuant to 10 ILCS 5/7-10.2, 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)
of _____, _____, State of Illinois _____, for the office of
(Address) (City, Village, Town) (Zip Code)
_____ in and for the _____ of _____ County,
(County/County Board District)
to be voted upon at the General Election to be held on _____(date of election).

(CHAIRMAN)
_____ Committee
of the _____ District (if applicable)

(SECRETARY)
_____ Committee
of the _____ District (if applicable)

Date of meeting: _____
(insert month, day, year)

Signed and sworn to (or affirmed) by _____ before me, on _____.
(Name of Chairman & Secretary) (insert month, day, year)

(SEAL)

(Notary Public's Signature)

This resolution must be accompanied by a Statement of Candidacy and a receipt for filing a Statement of Economic Interests as required by the Illinois Governmental Ethics Act.

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

We, the undersigned, qualified voters in the _____ in the County of _____ (unit of government) _____ and State of Illinois, do hereby petition that the following named person shall be a Nonpartisan Candidate for election to the office hereinafter specified, in the aforesaid unit of government, to be voted for at the election to be held on _____ (date of election).

NAME	OFFICE	ADDRESS--ZIP CODE
	office title: full term or ____ year vacancy (circle one)	

If required pursuant to 10 ILCS 5/10-5.1, 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)

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 _____) SS.

I, _____ do hereby certify that I reside at _____,
(Circulator's Name) (Street Address)

in the _____ of _____, _____,
(City/Village/Unincorporated Area) (if unincorporated, list municipality that provides postal service) (Zip Code)

County of _____, State of _____ that I am 18 years of age or older, that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition registered voters of the political division in which the candidate is seeking elective office, and that their respective residences are correctly stated, as above set forth.

(Circulator's Signature)

Signed and sworn to (or affirmed) by _____ before me, on _____.
(Name of Circulator) (insert month, day, year)

(SEAL)

(Notary Public's Signature)

**PETITION FOR NOMINATION
(FOX WATERWAY MANAGEMENT AGENCY)**

We, the undersigned, qualified voters in the Fox Waterway Management Agency, in the County of _____ and State of Illinois, do hereby petition that the following named person shall be a Nonpartisan Candidate for election to the office hereinafter specified, in the political division aforesaid, to be voted for at the _____ Election to be held on _____ (date of election).

NAME	OFFICE	ADDRESS--ZIP CODE

If required pursuant to 10 ILCS 5/10-5.1, 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)

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.

I, _____ do hereby certify that I reside at _____,
(Circulator's Name) (Street Address)
in the _____ of _____,
(City/Village/Unincorporated Area) (if unincorporated, list municipality that provides postal service) (Zip Code)
County of _____, State of _____ that I am 18 years of age or older, that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition registered voters of the political division in which the candidate is seeking elective office, and that their respective residences are correctly stated, as above set forth.

(Circulator's Signature)

Signed and sworn to (or affirmed) by _____ before me, on _____.
(Name of Circulator) (Insert month, day, year)

(SEAL)

(Notary Public's Signature)

**PETITION FOR NOMINATION
Fire Protection Districts**

To the Secretary of the Board of Trustees of _____ (name of fire district)

We, the undersigned being _____ (number of signatories or 5% or more) of the voters residing within the district, hereby petition that _____ who resides at _____ (name of candidate)

in the City, Village, Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____ County of _____, State of Illinois, in this district shall be a candidate for the office of _____ of the Board of Trustees, full-term or _____ year vacancy (circle one) to be voted for at the election to be held _____ (date of election).

If required pursuant to 10 ILCS 5/10-5.1, 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)

NAME (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, _____ do hereby certify that I reside at _____,
(Circulator's Name) (Street Address)
in the _____ of _____,
(City/Village/Unincorporated Area) (if unincorporated, list municipality that provides postal service) (Zip Code)

County of _____, State of _____ that I am 18 years of age or older, that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition registered voters of the political division in which the candidate is seeking elective office, and that their respective residences are correctly stated, as above set forth.

(Circulator's Signature)

Signed and sworn to (or affirmed) by _____ before me, on _____
(Name of Circulator) (insert month, day, year)

(SEAL)

(Notary Public's Signature)

SHEET NO. _____

CONSOLIDATED PRIMARY PETITION (NONPARTISAN – MUNICIPALITY OTHER THAN COMMISSION FORM)

We, the undersigned, qualified voters in the _____ of _____ in the County of _____ and State of Illinois, and residing at the places set opposite our respective names, do hereby petition that the name of _____, who resides at _____ in the City, Town or Village of _____ Zip Code _____ County of _____ State of Illinois, be placed upon the ballot as a candidate for nomination for the office of _____ full term or vacancy (circle one) at the Consolidated Primary election to be held on _____ (date of primary election); provided that no primary election is required, the candidate's name will appear on the ballot at the Consolidated Election for election to said office and term.

If required pursuant to 10 ILCS 5/10-5.1, 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)

Table with 4 columns: NAME (VOTER'S SIGNATURE), STREET ADDRESS OR RR NUMBER, CITY, TOWN OR VILLAGE, COUNTY. Rows 1-15.

State of _____)
County of _____) SS.

I, _____ do hereby certify that I reside at _____, in the _____ of _____, _____ (City/Village/Unincorporated Area) (if unincorporated, list municipality that provides postal service) (Zip Code)

County of _____, State of _____ that I am 18 years of age or older, that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition registered voters of the political division in which the candidate is seeking elective office, and that their respective residences are correctly stated, as above set forth.

(Circulator's Signature)

Signed and sworn to (or affirmed) by _____ before me, on _____ (Name of Circulator) (insert month, day, year)

(Notary Public's Signature)

**PETITION FOR NOMINATION
TO THE SECRETARY OF THE BOARD OF TRUSTEES OF COMMUNITY COLLEGE DISTRICT NO. _____**

We, the undersigned, being (_____ or more) (or 10% or more) of the voters residing within said district, hereby petition that _____ who resides at _____ in the City, Village, Unincorporated Area (circle one) of _____ (If unincorporated, list municipality that provides postal service) in _____ Township in said district shall be a candidate for the office of member of the Board of Trustees, full term or ____ year vacancy (circle one) to be voted for at the Consolidated Election to be held on _____ (date of election).

If required pursuant to 10 ILCS 5/10-5.1, 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)

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, _____ do hereby certify that I reside at _____,
(Circulator's Name) (Street Address)

in the _____ of _____, _____,
(City/Village/Unincorporated Area) (if unincorporated, list municipality that provides postal service) (Zip Code)

County of _____, State of _____, that I am 18 years of age or older, that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition registered voters of the political division in which the candidate is seeking elective office, and that their respective residences are correctly stated, as above set forth.

(Circulator's Signature)

Signed and sworn to (or affirmed) by _____ before me, on _____.
(Name of Circulator) (insert month, day, year)

(SEAL)

(Notary Public's Signature)

SHEET NO. _____

**PETITION FOR NOMINATION
TO THE SECRETARY OF THE BOARD OF TRUSTEES OF COMMUNITY COLLEGE DISTRICT NO. _____
FOR COMMUNITY COLLEGES WHICH ELECT FROM DISTRICTS RATHER THAN AT-LARGE**

We, the undersigned, being (_____ or more) (or 10% or more) of the voters residing within said district, hereby petition that _____ who resides at _____ in the City, Village, Unincorporated Area (circle one) of _____ (If unincorporated, list municipality that provides postal service) in _____ Township in said district shall be a candidate for the office of member of the Board of Trustees _____ District, full term or ___ year vacancy (circle one) to be voted for at the Consolidated Election to be held on _____ (date of election).

If required pursuant to 10 ILCS 5/10-5.1, 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)

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, _____ do hereby certify that I reside at _____,
(Circulator's Name) (Street Address)
in the _____ of _____,
(City/Village/Unincorporated Area) (if unincorporated, list municipality that provides postal service) (Zip Code)

County of _____, State of _____, that I am 18 years of age or older, that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition registered voters of the political division in which the candidate is seeking elective office, and that their respective residences are correctly stated, as above set forth.

(Circulator's Signature)

Signed and sworn to (or affirmed) by _____ before me, on _____.
(Name of Circulator) (insert month, day, year)

(Notary Public's Signature)

(SEAL)

**PETITION FOR NOMINATION
(LEAVE OUT THE INAPPLICABLE PART)**

TO THE SECRETARY OF THE BOARD OF EDUCATION (OR BOARD OF DIRECTORS) OF DISTRICT NUMBER _____ IN _____ COUNTY, ILLINOIS

We, the undersigned, being (_____ or more) (or 10% or more) (or 5% or more) of the voters residing within said district, hereby petition that _____ who resides at _____ in the City, Village, Unincorporated Area (circle one) of _____ (If unincorporated, list municipality that provides postal service) in Township _____ in said district shall be a candidate for the office of _____ full term or ____ year vacancy (circle one) of the Board of Education (or Board of Directors) to be voted for at the Consolidated Election to be held on _____ (date of election).

If required pursuant to 10 ILCS 5/10-5.1, 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)

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, _____ do hereby certify that I reside at _____,
(Circulator's Name) (Street Address)
in the _____ of _____,
(City/Village/Unincorporated Area) (if unincorporated, list municipality that provides postal service) (Zip Code)

County of _____, State of _____ that I am 18 years of age or older, that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition registered voters of the political division in which the candidate is seeking elective office, and that their respective residences are correctly stated, as above set forth.

(Circulator's Signature)

Signed and sworn to (or affirmed) by _____ before me, on _____.
(Name of Circulator) (insert month, day, year)

(SEAL)

(Notary Public's Signature)

**PETITION FOR NOMINATION
FOR SCHOOL BOARDS WHICH ELECT FROM DISTRICTS RATHER THAN AT-LARGE OR BY TOWNSHIP
(LEAVE OUT THE INAPPLICABLE PART)**

**TO THE SECRETARY OF THE BOARD OF EDUCATION (OR BOARD OF DIRECTORS)
OF _____ SCHOOL DISTRICT IN _____ COUNTY, ILLINOIS**

We, the undersigned, being (_____ or more) (or 10% or more) (or 5% or more) of the voters residing within _____ district, (specify district number 1 - 7) hereby petition that _____ who resides at _____ in the City, Village, Unincorporated Area (circle one) of _____ (If unincorporated, list municipality that provides postal service) in said district shall be a candidate for the office _____ of the Board of Education (or Board of Directors) full term or _____ year vacancy (circle one) _____ District (specify district 1 - 7) to be voted for at the Consolidated Election to be held on _____ (date of election).

If required pursuant to 10 ILCS 5/10-5.1, 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)

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, _____ do hereby certify that I reside at _____,
(Circulator's Name) (Street Address)

in the _____ of _____,
(City/Village/Unincorporated Area) (if unincorporated, list municipality that provides postal service) (Zip Code)

County of _____, State of _____ that I am 18 years of age or older, that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition registered voters of the political division in which the candidate is seeking elective office, and that their respective residences are correctly stated, as above set forth.

Signed and sworn to (or affirmed) by _____ before me, on _____.
(Name of Circulator) (Circulator's Signature) (insert month, day, year)

(SEAL)

(Notary Public's Signature)

PETITION FOR NOMINATION
(To Form a New Political Party)

We, the undersigned, qualified voters of the _____ of _____ in the County of _____ and State of Illinois, do declare that it is our intention to form a new political party in the political division aforesaid, to be known and designated as the _____ Party, and do hereby petition that the following named persons shall be candidates for the offices hereinafter specified, to be voted at the _____ Election to be held on _____ (date of election).

A COMPLETE SLATE IS HEREBY PRESENTED

NAME	OFFICE	ADDRESS - ZIP CODE

For any candidate subject to the requirements of 10 ILCS 5/10-5.1, mark his/her name with an asterisk (*) and 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)

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 Illinois)
)
County of _____) SS.

I, _____ do hereby certify that I reside at _____,
(Circulator's Name) (Street Address)
in the _____ of _____,
(City/Village/Unincorporated Area) (if unincorporated, list municipality that provides postal service) (Zip Code)

County of _____, State of _____ that I am 18 years of age or older, that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition registered voters of the political division in which the candidate is seeking elective office, and that their respective residences are correctly stated, as above set forth.

Signed and sworn to (or affirmed) by _____ before me, on _____.
(Name of Circulator) (Circulator's Signature) (insert month, day, year)

(SEAL)

SHEET NO _____

(Notary Public's Signature)

PETITION FOR NOMINATION AND FORMATION OF A NEW POLITICAL PARTY (IN CITY, TOWN OR VILLAGE IN WHICH OFFICERS ARE TO BE ELECTED FROM DISTRICTS OR WARDS AND AT-LARGE)

We, the undersigned, qualified voters of District/Ward Number _____ in the City, Town or Village of _____, in the County of _____ and State of Illinois, do hereby declare that it is our intention to form a new political party in such city, town or village to be known as the _____ Party and the following named persons shall be candidates of such party for the offices hereinafter specified to be voted at the election to be held on _____ (date of election).

NAMES OF CANDIDATES FOR ALL OFFICES TO BE ELECTED AT-LARGE

NAME OF CANDIDATE	OFFICE	ADDRESS - ZIP CODE

NAMES OF CANDIDATES FOR ALL OFFICES TO BE ELECTED BY DISTRICT OR WARD

NAME OF CANDIDATE	OFFICE	DISTRICT OR WARD NO.	ADDRESS - ZIP CODE

For any candidate subject to the requirements of 10 ILCS 5/10-5.1, mark his/her name with an asterisk (*) and 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)

NAME (VOTER'S SIGNATURE)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1			IL
2			IL
3			IL
4			IL
5			IL

State of _____)
County of _____) SS.

I, _____ do hereby certify that I reside at _____,
(Circulator's Name) (Street Address)
in the _____ of _____, _____,
(City/Village/Unincorporated Area) (if unincorporated, list municipality that provides postal service) (Zip Code)
County of _____, State of _____ that I am 18 years of age or older, that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition registered voters of the political division in which the candidate is seeking elective office, and that their respective residences are correctly stated, as above set forth.

Signed and sworn to (or affirmed) by _____ before me, on _____
(Name of Circulator) (insert month, day, year)

(SEAL)

SHEET NO. _____

(Notary Public's Signature)

**CERTIFICATE OF OFFICERS
AUTHORIZED TO FILL VACANCIES IN NOMINATION
FOR A NEW POLITICAL PARTY**

We, the undersigned, duly certify that the persons whose names and addresses are listed below are the designated officers of the _____ who are authorized to fill vacancies in nomination
(Name of New Political Party)
pursuant to 10 ILCS 5/10-11.

(Name and Title)

(Address)

(City) (Zip Code)

(Name and Title)

(Address)

(City) (Zip Code)

(Name and Title)

(Address)

(City) (Zip Code)

(Name and Title)

(Address)

(City) (Zip Code)

Signed: _____
(CHAIRMAN)

Attest: _____
(SECRETARY)

(Use additional sheets if necessary)

A new political party petition shall have attached thereto a certificate stating the names and addresses of the party officers authorized to fill vacancies in nomination. Failure to file this form results in the party forfeiting the right to fill vacancies. It does not alone invalidate the petition.

RECEIPT FOR FILING

Receipt is hereby acknowledged of the petition or caucus certificate of:

NAME

ADDRESS

OFFICE

DISTRICT PARTY

This petition/caucus certificate is deemed filed at: _____ o'clock (AM) (PM) on _____.
(insert month, day, year)

DATED: _____
(insert month, day, year)

SIGNATURE OF ELECTION AUTHORITY

GENERAL PRIMARY PETITION

We, the undersigned, members of and affiliated with the _____ Party and qualified primary electors of the _____ Party, in the _____ of _____ in the County of _____, and State of Illinois, do hereby petition that the following named person or persons shall be a candidate(s) of the _____ Party for the nomination/election for the office or offices hereinafter specified to be voted for at the Primary Election to be held on _____ (date of election).

NAME	OFFICE	ADDRESS

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)

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 _____)
) SS.
 County of _____)

I, _____ (Circulator's Name) do hereby certify that I reside at _____,

in the City/Village/Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides

postal service) (Zip Code) _____, County of _____, State of _____ that I am 18 years of age or older, that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition qualified voters of the _____ Party in the political division in which the candidate is seeking nomination/elective office, and that their respective residences are correctly stated, as above set forth.

(Circulator's Signature)

Signed and sworn to (or affirmed) by _____ before me, on _____.
 (Name of Circulator) (insert month, day, year)

(SEAL)

(Notary Public's Signature)

REPRESENTATIVE IN CONGRESS PRIMARY PETITION

We, the undersigned, members of and affiliated with the _____ Party and qualified primary electors of the _____ Party, in the _____ Congressional District of the State of Illinois, do hereby petition that _____ who resides at _____ in the City, Village, Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____ County of _____ and State of Illinois, shall be a candidate of the _____ Party for the nomination for the office of **REPRESENTATIVE IN CONGRESS** of the State of Illinois, for the _____ Congressional District to be voted for at the primary election to be held on _____ (date of election).

If required pursuant to 10 ILCS 5/7-10.2, 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)

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.

I, _____ (Circulator's Name) do hereby certify that I reside at _____, in the City/Village/Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____, County of _____, State of _____ that I am 18 years of age or older, that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition qualified voters of the _____ Party in the political division in which the candidate is seeking nomination/elective office, and that their respective residences are correctly stated, as above set forth.

Signed and sworn to (or affirmed) by _____ before me, on _____
(Name of Circulator) (insert month, day, year)

(Circulator's Signature)

(Notary Public's Signature)

(SEAL)

STATE SENATE PRIMARY PETITION

We, the undersigned, members of and affiliated with the _____ Party and qualified primary electors of the _____ Party, in the _____ Legislative District of the State of Illinois, do hereby petition that _____ who resides at _____ in the City, Village, Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____ County of _____ and State of Illinois, shall be a candidate of the _____ Party for the nomination for the office of **STATE SENATOR** of the State of Illinois, for the _____ Legislative District to be voted for at the primary election to be held on _____ (date of election).

If required pursuant to 10 ILCS 5/8-8.1, 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)

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 _____)
) SS.
 County of _____)

I, _____ (Circulator's Name) do hereby certify that I reside at _____,

in the City/Village/Unincorporated Area (circle one) of _____ (If unincorporated, list municipality that provides

postal service) Zip Code _____, County of _____, State of _____ that I am 18 years of age or older, that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition qualified voters of the _____ Party in the political division in which the candidate is seeking nomination/elective office, and that their respective residences are correctly stated, as above set forth.

Signed and sworn to (or affirmed) by _____ before me, on _____.
 (Name of Circulator) (Circulator's Signature) (insert month, day, year)

(SEAL)

SHEET NO. _____

 (Notary Public's Signature)

REPRESENTATIVE IN THE GENERAL ASSEMBLY PRIMARY PETITION

We, the undersigned, members of and affiliated with the _____ Party and qualified primary electors of the _____ Party, in the _____ Representative District of the State of Illinois, do hereby petition that _____ who resides at _____ in the City, Village, Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____ County of _____ and State of Illinois, shall be a candidate of the _____ Party for the nomination for the office of **REPRESENTATIVE IN THE GENERAL ASSEMBLY** of the State of Illinois, for the _____ Representative District to be voted for at the primary election to be held on _____ (date of election).

If required pursuant to 10 ILCS 5/8-8.1, 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)

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.

I, _____ (Circulator's Name) do hereby certify that I reside at _____,

in the City/Village/Unincorporated Area (circle one) of _____ (If unincorporated, list municipality that provides

postal service) Zip Code _____, County of _____, State of _____ that I am 18 years of age or older, that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition qualified voters of the _____ Party in the political division in which the candidate is seeking nomination/elective office, and that their respective residences are correctly stated, as above set forth.

Signed and sworn to (or affirmed) by _____ before me, on _____
(Name of Circulator) (Circulator's Signature) (insert month, day, year)

(SEAL)

(Notary Public's Signature)

SHEET NO. _____

**SUPREME COURT JUDGE
PRIMARY PETITION**

We, the undersigned, members of and affiliated with the _____ Party and qualified primary electors of the _____ Party, in the _____ Judicial District of the State of Illinois, do hereby petition that _____ who resides at _____ in the City, Village, Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____ County of _____ and State of Illinois, shall be a candidate of the _____ Party for the nomination for the office of **SUPREME COURT JUDGE** to fill the vacancy of the Honorable _____ of the State of Illinois, for the _____ Judicial District to be voted for at the primary election to be held on _____ (date of election).

If required pursuant to 10 ILCS 5/7-10.2, 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)

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.

I, _____ (Circulator's Name) do hereby certify that I reside at _____, in the City/Village/Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____, County of _____ State of _____ that I am 18 years of age or older, that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition qualified voters of the _____ Party in the political division in which the candidate is seeking nomination/elective office, and that their respective residences are correctly stated, as above set forth.

Signed and sworn to (or affirmed) by _____ before me, on _____
(Name of Circulator) (insert month, day, year)

(SEAL)

SHEET NO. _____

(Notary Public's Signature)

APPELLATE COURT JUDGE PRIMARY PETITION

We, the undersigned, members of and affiliated with the _____ Party and qualified primary electors of the _____ Party, in the _____ Judicial District of the State of Illinois, do hereby petition that _____ who resides at _____ in the City, Village, Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____, County of _____ and State of Illinois, shall be a candidate of the _____ Party for the nomination for the office of **APPELLATE COURT JUDGE** to fill the vacancy of the Honorable _____, or the A or B (circle one) Additional Judgeships of the State of Illinois, for the _____ Judicial District to be voted for at the primary election to be held on _____ (date of election).

If required pursuant to 10 ILCS 5/7-10.2, 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)

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.

I, _____ (Circulator's Name) do hereby certify that I reside at _____, in the City/Village/Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____, County of _____ State of _____ that I am 18 years of age or older, that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition qualified voters of the _____ Party in the political division in which the candidate is seeking nomination/elective office, and that their respective residences are correctly stated. as above set forth.

Signed and sworn to (or affirmed) by _____ before me, on _____
(Name of Circulator) (Circulator's Signature) (insert month, day, year)

(SEAL)

(Notary Public's Signature)

**JUDGE OF THE CIRCUIT COURT
COOK COUNTY JUDICIAL CIRCUIT
PRIMARY PETITION**

We, the undersigned, members of and affiliated with the _____ Party and qualified primary electors of the _____ Party, in the Cook County Judicial Circuit of the State of Illinois, do hereby petition that _____ who resides at _____ in the City, Village, Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____ County of Cook and State of Illinois, shall be a candidate of the _____ Party for the nomination for the office of **JUDGE OF THE CIRCUIT COURT** to fill the vacancy of the Honorable _____ or Additional Judgeship _____ (specify one), of the State of Illinois, for the Cook County Judicial Circuit to be voted for at the primary election to be held on _____ (date of election).

If required pursuant to 10 ILCS 5/7-10.2, 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)

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.

I, _____ (Circulator's Signature) do hereby certify that I reside at _____, in the City/Village/Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____, County of _____ State of _____ that I am 18 years of age or older, that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition qualified voters of the _____ Party in the political division in which the candidate is seeking nomination/elective office, and that their respective residences are correctly stated, as above set forth.

Signed and sworn to (or affirmed) by _____ before me, on _____
(Name of Circulator) (insert month, day, year)

(SEAL)

SHEET NO. _____

(Notary Public's Signature)

JUDGE OF THE CIRCUIT COURT SUBCIRCUIT PRIMARY PETITION

We, the undersigned, members of and affiliated with the _____ Party and qualified primary electors of the _____ Party, in the _____ Subcircuit, of the _____ Judicial Circuit of the State of Illinois, do hereby petition that _____ who resides at _____ in the City, Village, Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____, County of _____ and State of Illinois, shall be a candidate of the _____ Party for the nomination for the office of JUDGE OF THE CIRCUIT COURT to fill the vacancy of the Honorable _____ or Additional Judgeship _____ (specify one), _____ Subcircuit, for the _____ Judicial Circuit of the State of Illinois to be voted for at the primary election to be held on _____ (date of election).

If required pursuant to 10 ILCS 5/7-10.2, 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)

Table with 4 columns: NAME (VOTER'S SIGNATURE), STREET ADDRESS OR RR NUMBER, CITY, TOWN OR VILLAGE, COUNTY. Rows 1-10 with 'IL' in the County column.

State of _____) County of _____) SS.

I, _____ (Circulator's Name) do hereby certify that I reside at _____ in the City/Village/Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____, County of _____ State of _____ that I am 18 years of age or older, that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition qualified voters of the _____ Party in the political division in which the candidate is seeking nomination/elective office, and that their respective residences are correctly stated, as above set forth.

Signed and sworn to (or affirmed) by _____ before me, on _____ (Circulator's Signature) (Name of Circulator) (insert month, day, year)

(Notary Public's Signature)

(SEAL)

JUDGE OF THE CIRCUIT COURT EXCLUDING COOK COUNTY JUDICIAL CIRCUIT PRIMARY PETITION

We, the undersigned, members of and affiliated with the _____ Party and qualified primary electors of the _____ Party, in the _____ Judicial Circuit of the State of Illinois, do hereby petition that _____ who resides at _____ in the City, Village, Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____ County of _____ and State of Illinois, shall be a candidate of the _____ Party for the nomination for the office of JUDGE OF THE CIRCUIT COURT to fill the vacancy of the Honorable _____ or Additional Judgeship _____ (specify one), of the State of Illinois, for the _____ Judicial Circuit to be voted for at the primary election to be held on _____ (date of election).

If required pursuant to 10 ILCS 5/7-10.2, 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)

Table with 4 columns: NAME (VOTER'S SIGNATURE), STREET ADDRESS OR RR NUMBER, CITY, TOWN OR VILLAGE, COUNTY. Rows 1-15.

State of _____) County of _____) SS.

I, _____ (Circulator's Name) do hereby certify that I reside at _____ in the City/Village/Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____, County of _____ State of _____ that I am 18 years of age or older, that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition qualified voters of the _____ Party in the political division in which the candidate is seeking nomination/elective office, and that their respective residences are correctly stated, as above set forth.

Signed and sworn to (or affirmed) by _____ (Name of Circulator) before me, on _____ (Circulator's Signature) (insert month, day, year)

(SEAL)

(Notary Public's Signature)

RESIDENT CIRCUIT COURT JUDGE PRIMARY PETITION

We, the undersigned, members of and affiliated with the _____ Party and qualified primary electors of the _____ Party, in the _____ Judicial Circuit of the State of Illinois, do hereby petition that _____ who resides at _____ in the City, Village, Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____ County of _____ and State of Illinois, shall be a candidate of the _____ Party for the nomination for the office of **RESIDENT CIRCUIT COURT JUDGE** _____ County, to fill the vacancy of the Honorable _____ or Additional Judgeship _____ (specify one), of the State of Illinois, for the _____ Judicial Circuit to be voted for at the primary election to be held on _____ (date of election).

If required pursuant to 10 ILCS 5/7-10.2, 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)

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.

I, _____ (Circulator's Name) do hereby certify that I reside at _____, in the City/Village/Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____, County of _____ State of _____ that I am 18 years of age or older, that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition qualified voters of the _____ Party in the political division in which the candidate is seeking nomination/elective office, and that their respective residences are correctly stated, as above set forth.

Signed and sworn to (or affirmed) by _____ before me, on _____.
(Name of Circulator) (Circulator's Signature) (insert month, day, year)

(SEAL)

(Notary Public's Signature)

STATE CENTRAL COMMITTEEMAN PETITION

We, the undersigned, members of and affiliated with the DEMOCRATIC PARTY and qualified primary electors of the DEMOCRATIC Party, in the _____ Congressional District of the State of Illinois, do hereby petition that _____ who resides at _____ in the City, Village, Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____, County of _____ and State of Illinois, shall be a candidate of the DEMOCRATIC Party for election to the office of **STATE CENTRAL COMMITTEEMAN** of the State of Illinois, for the _____ Congressional District to be voted for at the primary election to be held on _____ (date of election).

If required pursuant to 10 ILCS 5/7-10.2, 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)

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.

I, _____ (Circulator's Name) do hereby certify that I reside at _____, in the City/Village/Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____, County of _____ State of _____ that I am 18 years of age or older, that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition qualified voters of the _____ Party in the political division in which the candidate is seeking elective office, and that their respective residences are correctly stated, as above set forth.

Signed and sworn to (or affirmed) by _____ before me, on _____
(Name of Circulator) (insert month, day, year)

(SEAL)

(Notary Public's Signature)

SHEET NO. _____

STATE CENTRAL COMMITTEEWOMAN PETITION

We, the undersigned, members of and affiliated with the DEMOCRATIC PARTY and qualified primary electors of the DEMOCRATIC Party, in the _____ Congressional District of the State of Illinois, do hereby petition that _____ who resides at _____ in the City, Village, Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____, County of _____ and State of Illinois, shall be a candidate of the DEMOCRATIC Party for election to the office of **STATE CENTRAL COMMITTEEWOMAN** of the State of Illinois, for the _____ Congressional District to be voted for at the primary election to be held on _____ (date of election).

If required pursuant to 10 ILCS 5/7-10.2, 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)

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.

I, _____ (Circulator's Name) do hereby certify that I reside at _____,

in the City/Village/Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____, County of _____ State of _____ that I am 18 years of age or older, that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition qualified voters of the _____ Party in the political division in which the candidate is seeking elective office, and that their respective residences are correctly stated, as above set forth.

Signed and sworn to (or affirmed) by _____ before me, on _____
(Name of Circulator) (insert month, day, year)

(SEAL)

(Notary Public's Signature)

SHEET NO. _____

**REGIONAL SUPERINTENDENT OF SCHOOLS
 MULTI-COUNTY SERVICE REGION
 PRIMARY PETITION**

We, the undersigned, members of and affiliated with the _____ Party and qualified primary electors of the _____ Party, of the State of Illinois, do hereby petition that _____ who resides at _____ in the City, Village, Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____ County of _____ and State of Illinois, shall be a candidate of the _____ Party for the nomination for the office of **REGIONAL SUPERINTENDENT OF SCHOOLS**, of the State of Illinois, for the _____ Multi County Region (Counties within region) to be voted for at the primary election to be held on _____ (date of election).

If required pursuant to 10 ILCS 5/7-10.2, 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)

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 _____)
) SS.
 County of _____)

I, _____ (Circulator's Name) do hereby certify that I reside at _____, in the City/Village/Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____ County of _____ State of _____ that I am 18 years of age or older, that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition qualified voters of the _____ Party in the political division in which the candidate is seeking nomination/elective office, and that their respective residences are correctly stated, as above set forth.

Signed and sworn to (or affirmed) by _____ before me, on _____.
 (Name of Circulator) (insert month, day, year)

(SEAL)

 (Circulator's Signature)

 (Notary Public Signature)

**PETITION FOR NOMINATION FOR
MULTI-COUNTY REGIONAL SCHOOL TRUSTEES
TO BE FILED WITH THE STATE BOARD OF ELECTIONS**

We, the undersigned, being 50 or more of the voters qualified to vote, hereby petition that _____ who resides at _____ in Township (or Road District) _____, in _____ County, shall be a candidate for the office of **MEMBER OF THE REGIONAL BOARD OF SCHOOL TRUSTEES** of _____ Region (Counties within region) full term or vacancy (circle one) to be voted for at the Consolidated Election to be held _____ (date of election).

If required pursuant to 10 ILCS 5/10-5.1, 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)

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 _____, in the City/Village/Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides postal service) (Zip Code) _____ County of _____ State of _____ that I am 18 years of age or older, that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition registered voters of the political division in which the candidate is seeking elective office, and that their respective residences are correctly stated, as above set forth.

Signed and sworn to (or affirmed) by _____ (Name of Circulator) before me, on _____ (Circulator's Signature) (insert month, day, year)

(SEAL)

SHEET NO. _____

(Notary Public's Signature)

**PETITION FOR NOMINATION FOR
SINGLE-COUNTY REGIONAL SCHOOL TRUSTEES
TO BE FILED WITH THE COUNTY CLERK**

We, the undersigned, being 50 or more of the voters qualified to vote, hereby petition that _____ who resides at _____ in Township (or Road District) _____, in _____ County, shall be a candidate for the office of **MEMBER OF THE REGIONAL BOARD OF SCHOOL TRUSTEES** of _____ County full term or vacancy (circle one) to be voted for at the Consolidated Election to be held on _____ (date of election).

If required pursuant to 10 ILCS 5/10-5.1, 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)

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, _____ do hereby certify that I reside at _____,
(Circulator's Signature) (Street Address)

in the _____ of _____,
(City/Village/Unincorporated Area) (if unincorporated, list municipality that provides postal service) (Zip Code)
County of _____, State of _____ that I am 18 years of age or older, that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition registered voters of the political division in which the candidate is seeking elective office, and that their respective residences are correctly stated, as above set forth.

(Circulator's Signature)

Signed and sworn to (or affirmed) by _____ before me, on _____
(Name of Circulator) (insert month, day, year)

(SEAL)

(Notary Public's Signature)

PETITION FOR NOMINATION FOR TRUSTEE OF SCHOOLS

TO THE TOWNSHIP SCHOOL TREASURER OF TOWNSHIP NO. _____, RANGE NO. _____
IN THE COUNTY OF COOK, STATE OF ILLINOIS

We, the undersigned, being at least 25 voters residing within said Township hereby petition that _____ who resides at _____ in Township No. _____, Range No. _____, shall be a candidate for the office of **TRUSTEE OF SCHOOLS** in Township No. _____, Range No. _____, for a full term or vacancy (circle one) to be voted for at the Consolidated Election to be held on _____ (date of election).

If required pursuant to 10 ILCS 5/10-5.1, 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)

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 _____, in the City/Village/Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides postal service) (Zip Code) _____ County of _____ State of _____ that I am 18 years of age or older, that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition registered voters of the political division in which the candidate is seeking elective office, and that their respective residences are correctly stated, as above set forth.

(Circulator's Signature)

Signed and sworn to (or affirmed) by _____ before me, on _____
(Name of Circulator) (insert month, day, year)

(SEAL)

(Notary Public's Signature)

SHEET NO. _____

DELEGATE PRIMARY PETITION

PREFERRING _____ FOR PRESIDENT OF THE UNITED STATES

We, the undersigned, members of and affiliated with the _____ Party and qualified primary electors of the _____ Party, in the _____ Congressional District of the State of Illinois, do hereby petition that _____, _____ Female _____ Male (optional for Republican Party, mandated for Democratic Party) who resides at _____ in the City, Village, Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____, County of _____ and State of Illinois, shall be a candidate of the _____ Party for election for **DELEGATE TO THE NATIONAL NOMINATING CONVENTION** for the _____ Congressional District, State of Illinois, to be voted for at the primary election to be held on _____ (date of elections).

If required pursuant to 10 ILCS 5/7-10.2, 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)

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.

I, _____ (Circulator's Name) do hereby certify that I reside at _____, in the City/Village/Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____, County of _____, State of _____ that I am 18 years of age or older, that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition qualified voters of the _____ Party in the political division in which the candidate is seeking elective office, and that their respective residences are correctly stated, as above set forth.

Signed and sworn to (or affirmed) by _____ before me, on _____.
(Name of Circulator) (insert month, day, year)

(SEAL)

(Circulator's Signature)

(Notary Public Signature)

**ALTERNATE DELEGATE
PRIMARY PETITION**

PREFERRING _____ FOR PRESIDENT OF THE UNITED STATES

We, the undersigned, members of and affiliated with the _____ Party and qualified primary electors of the _____ Party, in the _____ Congressional District of the State of Illinois, do hereby petition that _____, _____ Female _____ Male (optional for Republican Party, mandated for Democratic Party) who resides at _____ in the City, Village, Unincorporated Area (circle one) of _____ Zip Code _____, County of _____ and State of Illinois, shall be a candidate of the _____ Party for election for **ALTERNATE DELEGATE TO THE NATIONAL NOMINATING CONVENTION** for the _____ Congressional District, State of Illinois, to be voted for at the primary election to be held on _____ (date of election).

If required pursuant to 10 ILCS 5/7-10.2, 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)

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.

I, _____ (Circulator's Name) do hereby certify that I reside at _____, in the City/Village/Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____, County of _____, State of _____ that I am 18 years of age or older, that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition qualified voters of the _____ Party in the political division in which the candidate is seeking elective office, and that their respective residences are correctly stated, as above set forth.

(Circulator's Signature)

Signed and sworn to (or affirmed) by _____ before me, on _____
(Name of Circulator) (insert month, day, year)

(SEAL)

(Notary Public Signature)

WITHDRAWAL OF CANDIDACY

I, _____ (Name of Candidate) being first 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 name is subscribed
hereto in whose behalf nomination papers were filed for the office of _____,
_____ district, _____ Party, and I hereby withdraw as a candidate for said office and
respectfully request that my name **NOT** be printed upon the official ballot as a candidate for the
_____ Election to be held on _____ (date of election).

SIGNATURE OF CANDIDATE

STATE OF _____)
) SS.
COUNTY OF _____)

I, _____, a Notary Public, in and for said County and State aforesaid, do
hereby certify that _____ personally known to me to be the same person
whose name is subscribed to in the foregoing withdrawal, appeared before me in person this day and
acknowledged that he/she signed the said instrument as his free and voluntary act of his/her own will and accord.

Signed and sworn to (or affirmed) by _____ before me on
(Name of Candidate)

(insert month, day, year)

(SEAL)

(Notary Public'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.

NOTICE OF CANCELATION WHERE MULTIPLE SETS OF NOMINATION PAPERS FILED

I, _____ (Name of Candidate) hereby state that I reside at _____ in the City/Village of _____, County of _____ and State of Illinois; that I am the same person whose name is subscribed hereto on whose behalf multiple sets of nomination papers were filed for the office of _____, _____ district, _____ Party (if applicable), for the _____ Election to be held on _____ (date of election); and I hereby cancel those set(s) of nomination papers filed on _____ (date(s) and time(s) of filing), and hereby designate that set of nomination papers filed on _____ (date and time of filing) as my sole set of nomination papers with respect to said office and election.

SIGNATURE OF CANDIDATE

STATE OF _____)
) SS.
COUNTY OF _____)

I, _____, a Notary Public, in and for said County and State aforesaid, do hereby certify that _____ personally known to me to be the same person whose name is subscribed to in the foregoing notice of cancellation, appeared before me in person this day and acknowledged that he/she signed the said instrument as his free and voluntary act of his/her own will and accord.

Signed and sworn to (or affirmed) by _____ before me on _____
(Name of Candidate)

(insert month, day, year)

(SEAL)

(Notary Public’s Signature)

This notice is filed with the office where original nominating petition or certificate of nomination was filed.

COUNTY BOARD MEMBER
(counties that elect members from districts)
PRIMARY PETITION

We, the undersigned, members of and affiliated with the _____ Party and qualified primary electors of the _____ Party, in County Board District _____, County of _____ in the State of Illinois, do hereby petition that _____ who resides at _____ in the City, Village, Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____ County of _____ and State of Illinois, shall be a candidate of the _____ Party for the nomination for the office of **COUNTY BOARD MEMBER**, County Board District _____ in the County of _____ in the State of Illinois, to be voted for at the primary election to be held on _____ (date of election).

If required pursuant to 10 ILCS 5/7-10.2, 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)

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 _____, in the City/Village/Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____, County of _____, State of _____ that I am 18 years of age or older, that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition qualified voters of the _____ Party in the political division in which the candidate is seeking nomination/elective office, and that their respective residences are correctly stated, as above set forth.

(Circulator's Signature)

Signed and sworn to (or affirmed) by _____ before me, on _____
(Name of Circulator) (insert month, day, year)

(SEAL)

(Notary Public's Signature)

SHEET NO. _____

PRECINCT COMMITTEEMAN PRIMARY PETITION

We, the undersigned, members of and affiliated with the _____ Party and qualified primary electors of the _____ Party, in _____ (township name and precinct number) in the County of _____, State of Illinois, do hereby petition that _____ who resides at _____ in the City, Village, Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____, County of _____ and State of Illinois, shall be a candidate of the _____ Party for election to the office of **PRECINCT COMMITTEEMAN**, for _____ (township name and precinct number), to be voted for at the primary election to be held on _____ (date of election).

If required pursuant to 10 ILCS 5/7-10.2, 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)

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 _____, in the City/Village/Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____, County of _____, State of _____ that I am 18 years of age or older, that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition qualified voters of the _____ Party in the political division in which the candidate is seeking elective office, and that their respective residences are correctly stated, as above set forth.

(Circulator's Signature)

Signed and sworn to (or affirmed) by _____ before me, on _____
(Name of Circulator) (insert month, day, year)

(SEAL)

(Notary Public's Signature)

Notice To Candidates Who Have Changed Names Within The Last Three Years

P.A. 94-1090, Effective June 1, 2007 amended 10 ILCS 5/7-10.2, 10 ILCS 5/8-8.1 and 10 ILCS 5/10-5.1 to add the following requirement:

If a candidate has changed his or her name, whether by a statutory or common law procedure in Illinois or any other jurisdiction, within 3 years before the last day for filing the petition or certificate for that office, whichever is applicable, then (i) the candidate's name on the petition or certificate must be followed by "formerly known as (list all prior names during the 3-year period) until name changed on (list date of each such name change)" and (ii) the petition or certificate must be accompanied by the candidate's affidavit stating the candidate's previous names during the period specified in (i) and the date or dates each of those names was changed; failure to meet these requirements shall be grounds for denying certification of the candidate's name for the ballot or removing the candidate's name from the ballot, as appropriate, but these requirements do not apply to name changes resulting from adoption to assume an adoptive parent's or parents' surname, marriage to assume a spouse's surname, or dissolution of marriage or declaration of invalidity of marriage to assume a former surname.

Pursuant to P.A. 94-1090 and 10 ILCS 5/16-3, said information shall appear on the ballot along with the candidate's current name.