AFFIDAVIT OF VOTERS ATTENDING TOWNSHIP CAUCUS

At a caucus of the		Party in and for the Township of					
n	C		ounty of Illinois, held at				
on							
(insert	month, day, year)						
STATE OF I	(00					
County of _)	SS.					
(Tov	wnship)						
	said, and I am not pro		in the Township aforesaid and that I am aff affidavit by any of the reasons listed below t the upcoming election.				
		e to participate or to vote ths prior to the caucus:	at any township or multi-township caucus i	f such person is or was			
1.	an elected or appo	inted public official of and	other established political party;				
2.	an elected or appointed officer, director, precinct committeeman or representative of the township committeeman of another established political party;						
3.	a judge of election pursuant to Article 13 or 14 of The Election Code for another established political party;						
4.	a voter who voted i	n the primary election of	another statewide established political par	rty.			
	SIGNATURE O	F VOTER	ADDRESS				
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
	·	d and sworn to before	me by each of the persons whose signa	ature appears thereon			
(insert m	onth, day, year)						
			(Caucus Judge)				

AFFIDAVIT OF VOTERS ATTENDING MUNICIPAL CAUCUS

At a caucus of the	Party in and for the City/Village of			
ı County of Illino		s, held at, Illinois		
on (insert month, day, year)	.			
STATE OF ILLINOIS County of)) SS.)			
(City or Village)				
I hereby certif		voter in the City or Village aforesaid an ecaucus of another political party.	nd that I am affiliated with the	
SIGNATUR	E OF VOTER	ADDRE	ESS	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
	gned and sworn to befo	re me by each of the persons whose	signature appears thereon	
(insert month, day, year)				
		(Caucus Jud	dge)	

CERTIFICATE OF NOMINATION BY CAUCUS

To		
(Local E	lection Official)	
We, the undersigned, do hereby certify that on(inser	at a caucus of the t month, day, year)	PARTY in the
of in in in		nominations were made
ity, Village, Township)		
r the respective offices herein designated, to be voted for at t		insert month, day, year)
NAME OF CANDIDATE		NCE ADDRESS
(As it is to appear on ballot)		and number)
lace an asterisk (*) after the name of each candidate who has ursuant to 10 ILCS 5/7-10.2 or 10-5.1, and attach a completed hange(s). Such candidate's former name(s) and the date(s) of ame.	d Form H-2A Name Change Supplement providing the change(s) shall appear on the ballot along wit	g details as to said name h the candidate's current
We also certify that at the last candidate election in th	is political subdivision aforesaid, the	PARTY
olled more than 5% of the entire vote cast.		
(Secretary)	(Presiding C	Officer)
(Address)	(Address)	
TATE OF ILLINOIS)		
ounty of) SS		
The persons whose names are subscribed to the abo	ve certificate personally appeared before me on _	(insert month, day, year)
nd upon their oaths stated that the same is true and correct to		(,
	(Signature of Person Authorized to Adr	ninister Oaths in Illinois)
	(Title)	
iledin the office of		
(insert month, day, year)		

This certificate of nomination shall be accompanied by a Statement of Candidacy and a receipt for filing Economic Interests Statement for each candidate nominated.

NAME CHANGE SUPPLEMENT TO CERTIFICATE OF NOMINATION BY CAUCUS

To				_	
(Lo	ocal Elec	tion Official)			
We, the undersigned, do he	ereby ce	rtify that the fo	llowing candi	date(s), nominated at a caucus of the	
PARTY in		of ir			
County, Illin	ois on, _			have made a change of name withir	
three years of the last day for the fil	ing of th	e attached Cer	tificate of No	mination by Caucus, as follows:	
NAME OF CANDIDATE (current name)	FORMERLY KNOWN AS (list all prior names)			NAME WAS CHANGED ON (list date of each name change)	
(Secretary)		-		(Presiding Officer)	
(Address)		-		(Address)	
STATE OF ILLINOIS)				
) County of)		SS			
The persons whose names				cate personally appeared before me is true and correct to the best of their	
knowledge.					
		(Signature o	f Person Auth	norized to Administer Oaths in Illinois)	
				(Title)	
Filed in the (insert month, day, year)	e office	of			