_____**ATTACH TO PETITION**_____

10 ILCS 5/10-5, 10-5.1

Suggested
Revised July, 2007
SBE P-1B

S T A T E M E N T O F C A N D I D A C Y

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)
) SS.
County of Sangamon)

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 Sangamon, 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)