

STATEMENT OF CANDIDACY

Table with 5 columns: NAME, ADDRESS-ZIP CODE, OFFICE, DISTRICT, PARTY. Row 1: OFFICE: Sangamon County Board Member. Row 2: OFFICE: A Full Term is sought, unless an unexpired term is stated here: ___ year unexpired term

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 (List all names during last 3 years) UNTIL NAME CHANGED ON (List date of each name change)

STATE OF ILLINOIS)
County of Sangamon) SS.

I, (Name of Candidate) being first duly sworn (or affirmed), say that I reside at (Address), in the City, Village, Unincorporated Area of (Municipality) Zip Code (Zip Code), in the County of Sangamon, State of Illinois; that I am a qualified voter therein and am a qualified Primary voter of the (Party) Party; that I am a candidate for Nomination to the office of Sangamon County Board Member, County Board District (District), to be voted upon at the primary election to be held on March 17, 2020 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 for such office.

(Signature of Candidate)

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

(SEAL)

(Notary Public's Signature)