

STATEMENT OF CANDIDACY

Table with 5 columns: NAME, ADDRESS-ZIP CODE, OFFICE, DISTRICT, PARTY. Includes text: Precinct Committeeperson, Township:, Precinct Number:, 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 (County), State of Illinois; that I am a qualified voter therein and am a qualified Primary Party; that I am a candidate for Election to the office of (Office) in (Municipality) to be voted upon at the primary election to be held (Date) and that I am legally qualified (Party) Primary ballot for Election 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)