Suggested Revised March 2020 SBE No. P-1

STATEMENT OF CANDIDACY

NAME:	OFFICE:
ADDRESS ZID SODE	
ADDRESS – ZIP CODE:	A Full Term is sought, unless an unexpired term is stated here:year unexpired term
	DISTRICT:
	PARTY:
If required pursuant to 10 ILCS 5/7-10.2, 8-8.1 or 10-5.1, or	complete the following (this information will appear on the ballot)
FORMERLY KNOWN AS	UNTIL NAME CHANGED ON
(List all names during last 3 y	ears) (List date of each name change)
STATE OF ILLINOIS)	
) SS	i.
County of)	
	Name of Candidate) being first duly sworn (or affirmed), say that I reside
at, i	n the City, Village, Unincorporated Area of
(if unincorporated, list municipality that provides postal se	ervice) Zip Code, in the County of
, State of Illinoi	s; that I am a qualified voter therein and am a qualified Primary voter of the
Party; th	nat 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) ar	nd that I am legally qualified (including being the holder of any license that
may be an eligibility requirement for the office to which	ch 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 p	orinted upon the official(Name of Party)
Primary ballot for Nomination/Election for such office.	
	(Signature of Candidate)
	(Signature or Candidate)
Signed and sworn to (or affirmed) by	before me, on
(Nai	me of Candidate) (insert month, day, year)
(SEAL)	(Notary Public's Signature)