

STATEMENT OF CANDIDACY**INDEPENDENT**

NAME:	CITY, VILLAGE, TOWNSHIP, COUNTY, DISTRICT or STATE
ADDRESS – ZIP CODE:	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 _____ UNTIL NAME CHANGED ON _____
 (List all names during last 3 years) (List date of each name change)

STATE OF ILLINOIS)
) SS.
 County of _____)

I, _____ being first duly sworn (or affirmed), say that I reside at _____,
 in the City, Village, Unincorporated Area of _____ (if unincorporated, list municipality that
 provides postal service) Zip Code _____ in the County of _____, State of Illinois;
 that I am a qualified voter therein, that I am a candidate for election to the office of _____ in
 the _____ to be voted upon at the election to be held on _____ and that
 (Name of City, Village, Township, County, District or State) (date of election)

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)