10 ILCS 5/10-2, 10-4, 10-5.1 **X…BIND HERE…X** Suggested
Revised March 2019
SBE No. P-8

PETITION FOR NOMINATION
(To Form a New Political Party)

We, the undersigned, qualified voters of the _____ of _____ in the County of _____ and State of Illinois, do declare that it is our intention to form a new political party in the political division aforesaid, to be known and designated as the _____ Party, and do hereby petition that the following named persons shall be candidates for the offices hereinafter specified, to be voted at the _____ Election to be held on _____ (date of election).

THE NEW PARTY'S SLATE OF CANDIDATES IS HEREBY PRESENTED

NAME	OFFICE	ADDRESS - ZIP CODE

(A Full term is sought by each candidate in slate unless an unexpired term is specified along with the office in the "OFFICE" space provided above)

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)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1.			,IL	
2.			,IL	
3.			,IL	
4.			,IL	
5.			,IL	
6.			,IL	
7.			,IL	
8.			,IL	
9.			,IL	
10.			,IL	

State of _____)
) SS.
County of _____)

I, _____ (Circulator's Name) do hereby certify that I reside at _____, in the City/Village/Unincorporated Area of_____ (if unincorporated, list municipality that provides postal service) (Zip Code) _____, County of_____, State of_____ that I am 18 years of age or older (or 17 years of age and qualified to vote in Illinois), that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day of filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

_____
(Circulator's Signature)

Signed and sworn to (or affirmed) by _____ before me, on _____
(Name of Circulator) (Insert month, day, year)

(SEAL) _____
(Notary Public's Signature)

SHEET NO. _____