ATTACH TO PETITION

10ILCS 5/7-10

Suggested
Revised July 2007
SBE No. P-1H

COUNTYWIDE OFFICIAL
ESTABLISHED POLITICAL PARTY
FULL TERM VACANCY IN NOMINATION
STATEMENT OF CANDIDACY

NAME	ADDRESS-ZIP CODE	OFFICE	PARTY

STATE OF ILLINOIS }
} ss.
County of Champaign }

I, _____, being first duly sworn(or affirmed), say that I reside at

_____, _____, _____ in the
Street City Zip Code

County of Champaign, State of Illinois; that I am a qualified voter therein and am a qualified voter of the

_____ Party; that I am a candidate for election to the office of _____,
Name of Party

for a full term, to be voted upon at the General Election to be held on November 2, 2010 and that I am legally qualified (including being the holder of any license that may be an eligibility requirement for the office I seek the nomination for) to hold such office and that I have filed 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)