

STATEMENT OF CANDIDACY**NONPARTISAN**

NAME	ADDRESS-ZIP CODE	OFFICE	CITY, VILLAGE OR SPECIAL DISTRICT

If required pursuant to 10 ILCS 5/10-5.1, 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 (circle one) 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 Nomination/
 Election to the office of _____ in the _____
 Name of City, Village or Special District

to be voted upon at the election to be held on _____ (date of election) and that I am legally qualified 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
 Nomination/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)

CERTIFICATE OF BALLOT
(For Community College Districts)

FORMAT 9A

Local election official must certify to each election authority (county clerk or board of election commissioners) who prepares ballots for the political subdivision.

TO: _____ Election Authority

FROM: _____ Local Election Official in and for _____
(Community College District)

in the County of _____ and State of Illinois.

I, the undersigned Local Election Official in and for the community college district aforesaid, do hereby state that this certificate of ballot, consisting of _____ page(s), is a true and correct listing of all candidates, in the order that they are to appear on the ballot, to be voted on at the Consolidated Election to be held on _____.
(insert month, day, year)

DATED: _____
(insert month, day, year)

(Local Election Official/Community College Board Secretary)

For additional candidates use another page.

OFFICIAL BALLOT

DISTRICT _____ (1 THROUGH 7)

**FOR TRUSTEES OF THE COMMUNITY COLLEGE DISTRICT
TO SERVE A FULL ____-YEAR TERM
VOTE FOR ONE**

☐	_____
☐	_____
☐	_____
☐	_____
☐	_____

DISTRICT _____ (1 THROUGH 7)

FOR TRUSTEES OF THE COMMUNITY COLLEGE DISTRICT
TO SERVE AN UNEXPIRED 4-YEAR TERM
VOTE FOR ONE

☐	_____
☐	_____
☐	_____
☐	_____
☐	_____

DISTRICT _____ (1 THROUGH 7)

FOR TRUSTEES OF THE COMMUNITY COLLEGE DISTRICT
TO SERVE AN UNEXPIRED 2-YEAR TERM
VOTE FOR ONE

☐	_____
☐	_____
☐	_____
☐	_____
☐	_____

FORMAT 9A

This form is used by Community College Districts in which trustees are elected from sub-districts.

NOTICE OF SIMULTANEOUS FILING LOTTERY

Notice is hereby given that on _____ at _____,
(date) (time)
at the office of _____ a lottery to determine ballot
(Local Election Official)
placement for the _____ election will be held for the following
candidates:

_____ (Name)	_____ (Office)
_____ (Name)	_____ (Office)
_____ (Name)	_____ (Office)
_____ (Name)	_____ (Office)
_____ (Signature of Local Election Official)	

Suggested form to be posted in the office of the local election official and sent to the chairman of each political party, each organization entitled to have pollwatchers at the last preceding election and each candidate involved in the lottery.

ATTACH TO PETITION

10 ILCS 5/7-10.1

Suggested
Revised July, 2004
SBE No. P-1C

LOYALTY OATH
(OPTIONAL)

United States of America)
)
State of Illinois) SS.

I, _____, do swear (or affirm) that I am a citizen of the United States and the State of Illinois, that I am not affiliated directly or indirectly with any communist organization or any communist front organization, or any foreign political agency, party, organization or government which advocates the overthrow of constitutional government by force or other means not permitted under the Constitution of the United States or the Constitution of this State; that I do not directly or indirectly teach or advocate the overthrow of the government of the United States or of this State or any unlawful change in the form of the governments thereof by force or any unlawful means.

(Signature of Candidate)

Signed and sworn to (or affirmed) by _____ before me,
(Name of Candidate)

on _____.
(insert month, day, year)

(Notary Public's Signature)

(SEAL)

**DECLARATION
OF
INTENT TO BE A WRITE-IN CANDIDATE**

To: _____ in the County of _____ and State of Illinois.
(Election Authority)

I, _____, state that I am a qualified primary elector of the _____
Party (for use in primary only) and a resident of the _____ precinct of the (1)* township of _____
(2)* City/Village of _____ or (3)* _____ ward in the City of _____
residing at _____ in such City, Village or Town, and State of Illinois, that it's my
intention to be a _____ Party (for use in primary only) write-in candidate for the office of
_____, full term or vacancy (circle one) at the _____
election to be held on _____ (date of election).

Under penalties as provided by law pursuant to 10 ILCS 5/29-10 the undersigned certifies
that the statements set forth in this request are true and correct.

*Fill in either (1), (2) or (3)

(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)

An original Declaration of Intent must be filed with *each* election authority [county clerk(s) or board(s) of election commissioners in the territory] not later than 61 days before the election.

WITHDRAWAL OF CANDIDACY

I, _____ (Name of Candidate) being first duly sworn, say that I reside at _____ in the City/Village of _____, County of _____ and State of Illinois; that I am the same person whose name is subscribed hereto in whose behalf nomination papers were filed for the office of _____, _____ district, _____ Party, and I hereby withdraw as a candidate for said office and respectfully request that my name **NOT** be printed upon the official ballot as a candidate for the _____ Election to be held on _____ (date of election).

SIGNATURE OF CANDIDATE

STATE OF _____)
COUNTY OF _____) SS.

I, _____, a Notary Public, in and for said County and State aforesaid, do hereby certify that _____ personally known to me to be the same person whose name is subscribed to in the foregoing withdrawal, appeared before me in person this day and acknowledged that he/she signed the said instrument as his free and voluntary act of his/her own will and accord.

Signed and sworn to (or affirmed) by _____ before me on
(Name of Candidate)

(insert month, day, year)

(SEAL)

(Notary Public's Signature)

Withdrawal is filed with the office where original nominating petition or certificate of nomination was filed. Upon receipt, the local election official must issue amended certification to each election authority who prepares ballots for the political subdivision.

I, _____, Candidate or Circulator (circle one) do hereby certify that I have properly initialed the deletions of signatures, listed hereinafter by page and line numbers, from the petition of _____ (Name of Candidate) who is a candidate for election or nomination (circle one) to the office of _____ at the _____ Election to be held on _____ (date of election).

[illegible]

(Signature of Person Deleting Signatures)

Only the person circulating the petition, or the candidate on whose behalf the petition is circulated, may strike any signature from the petition. If deletions are made, this **CERTIFICATION OF DELETIONS** shall be filed as part of the petition.

CERTIFICATE OF ATTACHED LIST OF DELETIONS

We, the undersigned persons who have stricken signatures from the attached hereby certify that there is/are _____ page(s) of **CERTIFICATION OF DELETIONS** listing signatures which have been stricken, and are attached hereafter to the petitions of _____ (Name of Candidate) who is a candidate for election to the office of _____ at the _____ Election to be held on _____ (date of election).

The following are the page numbers indicated on the attached **CERTIFICATION OF DELETIONS**:

(CANDIDATE)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

Every person striking signatures from the petition shall each sign this certificate. This certificate shall be filed as part of the petition, shall be numbered, and shall be attached immediately following the last page of voters' signatures and preceding any **CERTIFICATE OF DELETION** sheet.

**PETITION FOR NOMINATION
TO THE SECRETARY OF THE BOARD OF TRUSTEES OF COMMUNITY COLLEGE DISTRICT NO. _____
FOR COMMUNITY COLLEGES WHICH ELECT FROM DISTRICTS RATHER THAN AT-LARGE**

We, the undersigned, being (_____ or more) (or 10% or more) of the voters residing within said district, hereby petition that _____ who resides at _____ in the City, Village, Unincorporated Area (circle one) of _____ (If unincorporated, list municipality that provides postal service) in _____ Township in said district shall be a candidate for the office of member of the Board of Trustees _____ District, full term or _____ year vacancy (circle one) to be voted for at the Consolidated Election to be held on _____ (date of election).

If required pursuant to 10 ILCS 5/10-5.1, 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)	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	
11		IL	
12		IL	

State of _____)
County of _____) SS.

I, _____ do hereby certify that I reside at _____,
(Circulator's Name) (Street Address)
in the _____ of _____, _____,
(City/Village/Unincorporated Area) (if unincorporated, list municipality that provides postal service) (Zip Code)
County of _____, State of _____, that I am 18 years of age or older, 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 for 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 that 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)

(Notary Public's Signature)

(SEAL)

SHEET NO. _____

RECEIPT FOR FILING

Receipt is hereby acknowledged of the petition or caucus certificate of:

NAME

ADDRESS

OFFICE

DISTRICT

PARTY

This petition/caucus certificate is deemed filed at: _____ o' clock (AM) (PM) on _____.
(insert month, day, year)

DATED: _____
(insert month, day, year)

SIGNATURE OF ELECTION AUTHORITY