_____**ATTACH TO PETITION**_____

10 ILCS 5/7-10

Suggested
Revised July, 2007
SBE No. P-1

S T A T E M E N T O F C A N D I D A C Y

NAME	ADDRESS-ZIP CODE	OFFICE	DISTRICT	PARTY

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, _____ (Name of Candidate) 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 and am a qualified Primary voter of the _____ Party; that 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) and that I am legally qualified (including being the holder of any license that may be an eligibility requirement for the office to which 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 printed upon the official _____ (Name of Party) Primary ballot for Nomination/Election for 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)

10 ILCS 5/7-13.1, 7-60

Suggested
Revised November, 2005
SBE No. G-1

CERTIFICATION OF BALLOT

(Party Candidates)

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

_____
(Political Division)

in the County of _____ and State of Illinois.

I, the undersigned Local Election Official in and for the political division aforesaid, do hereby state that this certification of ballot, consisting of _____ page(s) is a true and correct listing of all OFFICES AND CANDIDATES in the order that they are to appear on the ballot, to be voted on at the _____ Election to be held on the _____.
(insert month, day, year)

Dated: _____
(insert month, day, year)

(SEAL)

_____
(Local Election Official)

Office _____ District or Ward _____

Term of Office _____

Number to be voted for _____

PARTY :_____	PARTY: _____
Candidates:	Candidates:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____

USE ADDITIONAL SHEETS AS NECESSARY AND ATTACH TO THIS SHEET

Office _____ District or Ward _____

Term of Office _____

Number to be voted for _____

PARTY: _____	PARTY: _____
Candidates:	Candidates:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____

Office _____ District or Ward _____

Term of Office _____

Number to be voted for _____

PARTY: _____	PARTY: _____
Candidates:	Candidates:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____

Additional sheets for candidates for _____ political division.

Office _____ District or Ward _____

Term of Office _____

Number to be voted for _____

PARTY: _____ PARTY: _____

Candidates: Candidates:

1. _____ 1. _____

2. _____ 2. _____

3. _____ 3. _____

4. _____ 4. _____

5. _____ 5. _____

Office _____ District or Ward _____

Term of Office _____

Number to be voted for _____

PARTY: _____ PARTY: _____

Candidates: Candidates:

1. _____ 1. _____

2. _____ 2. _____

3. _____ 3. _____

4. _____ 4. _____

5. _____ 5. _____

10 ILCS 5/7-10.2, 10-1, 10-5, 10-5.1

Suggested
Revised July, 2007
SBE No. H-2

CERTIFICATE OF NOMINATION BY CAUCUS

To _____
(Local Election Official)

We, the undersigned, do hereby certify that on _____ at a caucus of the_____ PARTY in the
(insert month, day, year)

_____ of _____ in _____ County, Illinois, the following nominations were made
(City, Village, Township)

for the respective offices herein designated, to be voted for at the _____ Election to be held on _____.
(insert month, day, year)

NAME OF CANDIDATE (As it is to appear on ballot)	OFFICE	RESIDENCE ADDRESS (Street and number)

Place an asterisk (*) after the name of each candidate who has changed names within three years and is required to report such changes pursuant to 10 ILCS 5/7-10.2 or 10-5.1, and attach a completed Form H-2A Name Change Supplement providing details as to said name change(s). Such candidate's former name(s) and the date(s) of the change(s) shall appear on the ballot along with the candidate's current name.

We also certify that at the last candidate election in this political subdivision aforesaid, the _____PARTY

polled more than 5% of the entire vote cast.

_____ _____
(Secretary) (Presiding Officer)

_____ _____
(Address) (Address)

STATE OF ILLINOIS)
) SS
County of _____)

The persons whose names are subscribed to the above certificate personally appeared before me on _____
(insert month, day, year)

and upon their oaths stated that the same is true and correct to the best of their knowledge.

_____
(Signature of Person Authorized to Administer Oaths in Illinois)

_____
(Title)

Filed _____in the office of _____.
(insert month, day, year)

This certificate of nomination shall be accompanied by a Statement of Candidacy and a receipt for filing Economic Interests Statement for each candidate nominated.

10 ILCS 5/7-12

Suggested
Revised July, 1999
SBE No. N-3

PRE-FILING NOTICE

NOTICE is hereby given that the office of _____
(Local Election Official)

will be open from _____to _____beginning _____
(office hours) (Insert month, day, year)

through_____ for the purpose of accepting candidate petitions or certificates for
(Insert month, day, year)
the _____ election to be held on _____ for the
(Insert month, day, year)
following offices.

LIST ALL OFFICES TO BE VOTED UPON:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

_____
Signature of Local Election Official

Should be published and posted in a conspicuous place at least 10 days prior to filing period.

10 ILCS 5/10-1
60 ILCS 1/45-10

Suggested
Revised July, 1999
SBE No. N-6

N O T I C E O F C A U C U S

NOTICE IS HEREBY GIVEN

THAT ON _____,
(insert month, day, year)

A CAUCUS OF THE _____ PARTY

IN_____ OF _____

_____COUNTY, ILLINOIS

WILL BE HELD

AT _____

COMMENCING AT _____O'CLOCK _____M

FOR THE PURPOSE OF NOMINATING CANDIDATES FOR THE FOLLOWING OFFICES:

_____

_____

_____

_____

_____

DATED: _____
(insert month, day, year)

_____
Presiding Officer

To be published not less than 10 days before the caucus. In municipalities under 500 population notice shall be given by posting in 3 public places in the municipality in lieu of publication.

10 ILCS 5/7-12, 10-6.2

Suggested
Revised September, 2006
SBE No. N-7

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.

10 ILCS 5/7-10, 7-10.2 **X...BIND HERE...X** Suggested
Revised July, 2007
SBE No. P-10

GENERAL
PRIMARY PETITION

We, the undersigned, members of and affiliated with the _____ Party and qualified primary electors of the _____ Party, in the _____ of _____ in the County of _____, and State of Illinois, do hereby petition that the following named person or persons shall be a candidate(s) of the _____ Party for the nomination/election for the office or offices hereinafter specified to be voted for at the Primary Election to be held on _____(date of election).

NAME	OFFICE	ADDRESS

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)	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 (circle one) of _____ (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 qualified voters of the _____ Party in the political division in which the candidate is seeking nomination/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)

_____
(SEAL) (Notary Public's Signature)

SHEET NO. _____

_____**ATTACH TO PETITION**_____

10 ILCS 5/10-5, 10-5.1

Suggested
Revised July, 2007
SBE P-1B

S T A T E M E N T O F C A N D I D A C Y

INDEPENDENT

NAME	ADDRESS-ZIP CODE	OFFICE	CITY, VILLAGE, TOWNSHIP, COUNTY, DISTRICT OR STATE

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 election to the office of _____ in the _____to be
Name of City, Village, Township, County, District or State

voted upon at the election to be held on _____ (date of election) and that 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)

_____ATTACH TO PETITION_____

10 ILCS 5/7-10.1

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

L O Y A L T Y O A T H
(OPTIONAL)

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

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)

_____**ATTACH TO PETITION**_____

10 ILCS 5/10-5, 10-5.1

Suggested
Revised July, 2007
SBE No. P-1D

S T A T E M E N T O F C A N D I D A C Y

NEW POLITICAL PARTY

NAME	ADDRESS-ZIP CODE	OFFICE	CITY, VILLAGE, TOWNSHIP,COUNTY, DISTRICT OR STATE	PARTY

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 election to the office of _____ in the _____
Name of City, Village, Township, County, District or State

to be voted upon at the election to be held on _____ (date of election) and that 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)

10 ILCS 5/7-59(b), 17-16.1, 18-9.1

Suggested
Revised August, 2008
SBE No. P-1F

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.

10 ILCS 5/7-12, 10-7

Suggested
Revised July, 2004
SBE No. P-25

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 _____)
) SS.
COUNTY OF _____)

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.

10 ILCS 5/7-10, 8-8, 10-3

Suggested
Revised July, 2004
SBE No. P-2A

CERTIFICATION OF DELETIONS

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).

Page No.	Line No.	Page No.	Line No.	Page No.	Line No.

_____
(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.

Suggested
Revised July, 2004
SBE No. P-2B

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.

SHEET NO. _____

10 ILCS 5/10-3, 10-4, 10-5.1 **X...BIND HERE...X** Suggested
Revised May, 2009

INDEPENDENT CANDIDATE PETITION

SBE No. P-3

We, the undersigned, qualified voters in the _____ of _____ in the County of _____ and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the _____ Election to be held on _____(date of election).

NAME	OFFICE	ADDRESS--ZIP CODE

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	
13		IL	
14		IL	
15		IL	

State of _____)
) SS.
County of _____)

I, _____ (Circulator's Name) do hereby certify that I reside at _____,

in the City/Village/Unincorporated Area (circle one) of _____ (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)

(SEAL)

_____
(Notary Public's Signature)

SHEET NO. _____

10 ILCS 5/7-10.2, 7-11.1 7-61, 8-8.1, 8-17

Suggested
Revised March, 2010
SBE No. P-3A

RESOLUTION TO FILL A VACANCY IN NOMINATION

(Failure to nominate candidate at primary election)

WHEREAS, a vacancy in the nomination of the _____ Party for the Office of _____ _____ in and for the _____ District (if applicable) of Illinois exists due to the failure to nominate a candidate for the Office of _____ in and for the _____ District (if applicable) of Illinois at the primary election conducted on _____ (date of election);

WHEREAS, the _____ Committee of the _____ Party in and for the _____ District (if applicable) of Illinois has voted to nominate a candidate of the _____ Party to fill said vacancy as required by 10 ILCS 5/7-61 or 5/8-17 therefore;

BE IT RESOLVED, that the _____ Committee of the _____ Party in and for the _____ District (if applicable) of Illinois hereby nominates _____,
(Name of Candidate)

If required pursuant to 10 ILCS 5/7-10.2 or 8-8.1, 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)

of _____, _____, Illinois _____ for the office of
(Address) (City, Village, Town) (Zip Code)

_____ in and for the _____ District (if applicable) of Illinois to be voted upon at the General or Consolidated Election to be held on _____ (date of election).

_____ _____
(CHAIRMAN) (SECRETARY)

_____ Committee _____ Committee

of the _____ District (if applicable) of the _____ District (if applicable)

Date of meeting: _____
(insert month, day, year)

Signed and sworn to (or affirmed) by _____ before me, on _____.
(Name of Chairman & Secretary) (insert month, day, year)

(SEAL)

_____
(Notary Public's Signature)

This resolution must be accompanied by nominating petitions containing the requisite number of signatures, a Statement of Candidacy and a receipt for filing a Statement of Economic Interests as required by the Illinois Governmental Ethics Act.

Suggested
Revised July, 2007
SBE No. P-3B

RESOLUTION TO FILL A VACANCY IN NOMINATION
OCCURRING AFTER PRIMARY ELECTION

WHEREAS, a vacancy in the nomination of the _____ Party for the office of _____

in and for the _____ District (if applicable) of Illinois was created by the _____
(Reason)

of _____ which occurred on _____, for the office of
(Name of Original Candidate) (insert month, day, year)

_____ in and for the _____ District (if applicable) in the State of Illinois; and

WHEREAS, the _____ Committee of the _____ Party in and for the _____

District (if applicable) of Illinois has voted to nominate a candidate of the _____ Party to fill said vacancy as required by 10 ILCS 5/7-61, 5/8-17 and/or 5/10-11, therefore;

BE IT RESOLVED, that the _____ Committee of the _____ Party in and for the

_____ District (if applicable) in the State of Illinois hereby nominates _____
(Name)

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)

of _____, _____, Illinois _____ for the office of
(Address) (City, Village, Town) (Zip Code)

_____ in and for the _____ District (if applicable) of Illinois to be voted upon at the

General or Consolidated Election to be held on _____
(date of election).

_____ _____
(CHAIRMAN) (SECRETARY)
_____ Committee _____ Committee

of the _____ District (if applicable) of the _____ District (if applicable)

Date of meeting: _____
(insert month, day, year)

Signed and sworn to (or affirmed) by _____ before me, on _____.
(Name of Chairman & Secretary) (insert month, day, year)

(SEAL)

_____
(Notary Public's Signature)

This resolution must be accompanied by a Statement of Candidacy and a receipt for filing a Statement of Economic Interests as required by the Illinois Governmental Ethics Act.

10 ILCS 5/10-2,10-4, 10-5.1 **X...BIND HERE...X** Suggested
Revised July, 2007
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).

A COMPLETE SLATE IS HEREBY PRESENTED

NAME	OFFICE	ADDRESS - ZIP CODE

For any candidate subject to the requirements of 10 ILCS 5/10-5.1, mark his/her name with an asterisk (*) and 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

State of Illinois)
) SS.
County of _____)

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 am18 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 _____

Suggested
Revised July, 2004
SBE No. P-8C

CERTIFICATE OF OFFICERS AUTHORIZED TO FILL VACANCIES IN NOMINATION FOR A NEW POLITICAL PARTY

We, the undersigned, duly certify that the persons whose names and addresses are listed below are the designated officers of the _____ who are authorized to fill vacancies in nomination
(Name of New Political Party)
pursuant to 10 ILCS 5/10-11.

_____ (Name and Title)	_____ (Name and Title)
_____ (Address)	_____ (Address)
_____ (City) (Zip Code)	_____ (City) (Zip Code)
_____ (Name and Title)	_____ (Name and Title)
_____ (Address)	_____ (Address)
_____ (City) (Zip Code)	_____ (City) (Zip Code)

Signed: _____
(CHAIRMAN)

Attest: _____
(SECRETARY)

(Use additional sheets if necessary)

A new political party petition shall have attached thereto a certificate stating the names and addresses of the party officers authorized to fill vacancies in nomination. Failure to file this form results in the party forfeiting the right to fill vacancies. It does not alone invalidate the petition.

Suggested
Revised July, 2004
SBE No. P-9-1

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