10 ILCS 5/10-5, 10-5.1 **_____ATTACH TO PETITION_____** Suggested
Revised July, 2007
SBE No. P-1A

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

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)

10 ILCS 5/10-15
Suggested

Revised November, 2005
SBE No. G1A

CERTIFICATION OF BALLOT

Local election officials of a political subdivision 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 _____.
(Insert Month, Day, Year)

DATED: _____, _____
(Insert Month, Day, Year) (Local Election Official)

(SEAL)

Check One: ☐ Independent ☐ Nonpartisan

Office _____ District or Ward _____

Term of Office _____

Number to be voted for _____

CANDIDATES:

1. _____
2. _____
3. _____
4. _____

USE ADDITIONAL SHEETS AS NECESSARY AND ATTACH TO THIS SHEET

Office _____ District or Ward _____

Term of Office _____

Number to be voted for _____

CANDIDATES:

1. _____
2. _____
3. _____
4. _____
5. _____

Office _____ District or Ward _____

Term of Office _____

Number to be voted for _____

CANDIDATES:

1. _____
2. _____
3. _____
4. _____
5. _____

Office _____ District or Ward _____

Term of Office _____

Number to be voted for _____

CANDIDATES:

1. _____
2. _____
3. _____
4. _____
5. _____

Office _____ District or Ward _____

Term of Office _____

Number to be voted for _____

CANDIDATES:

1. _____
2. _____
3. _____
4. _____
5. _____

Office _____ District or Ward _____

Term of Office _____

Number to be voted for _____

CANDIDATES:

1. _____
2. _____
3. _____
4. _____
5. _____

10 ILCS 5/10-3.1, 10-5.1
65 ILCS 5/4-3-8

X...BIND HERE...X

Suggested
Revised May, 2009
SBE No. P-4

NONPARTISAN PETITION

(NON-MUNICIPAL AND COMMISSION FORM OF MUNICIPALITY)

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

NAME	OFFICE	ADDRESS--ZIP CODE
	office title: full term or ___ year vacancy (circle one)	

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	

State of _____)
) 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 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 5/7-59(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. _____

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