

STATEMENT OF CANDIDACY

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 _____ (List all names during last 3 years) UNTIL NAME CHANGED ON _____

(List date of each name change)

STATE OF ILLINOIS

County of Morgan

}

SS.

I, _____, being first duly sworn (or affirmed), say that I reside at _____ in the City of Jacksonville, 62650, in the County of Morgan, 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 _____, 20____ 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 _____ Primary ballot for Nomination/Election for such office.

(Signature of Candidate)

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

(SEAL)

(Notary Public's Signature)