_____**ATTACH TO PETITION**_____

10 ILCS 5/10-5, 10-5.1

STATEMENT OF CANDIDACY
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 voted upon at the election to be held on
Name of City, Village, Township, County, District or State

_____ (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,
(Name of Candidate)

on _____ .
(insert month, day, year)

_____
(SEAL) NOTARY PUBLIC'S SIGNATURE