X...BINDA HERE...X

Suggested Revised March 2019 SBE No. P-8

PETITION FOR NOMINATION (To Form a New Political Party)

We, the undersigned, qualified voters of	the of	i	n the County of		
and State of Illinois, do declare that it is o	·	, ,		-	
the					
hereinafter specified, to be voted at the _				ction).	
THE NEW	PARTY'S SLATE OF CA	NDIDATES IS HEREBY PR	RESENTED		
NAME	OF	FICE	ADDRESS - ZIP CODE		
(A Full term is sought by each cand	didate in slate unless an unexpired ter	m Is specified along with the office in th	e "OFFICE" space provided ab	ove)	
If required pursuant to 10 ILCS 5/7-10.2, 8-8.1 or FORMERLY KNOWN AS		ation will appear on the ballot) CHANGED ON			
(List all names of NAME	during last 3 years) VOTER'S PRINTED	(List date of each name	change)		
(VOTER'S SIGNATURE)	NAME (optional)	RR NUMBER	VILLAGE	COUNTY	
1.			,IL		
2.			,IL		
3.			,IL		
4.			,IL		
5.			,IL		
6.			,IL		
7.	1		,IL		
8.			,IL		
9.			,IL		
10.			,IL		
State of)				
County of) SS.)				
l,	_ (Circulator's Name) do hereby	certify that I reside at		, in the	
City/Village/Unincorporated Area of		(if unincorporated, list municip	pality that provides postal	service) (Zip	
Cada) Causturat	State of	that La	m 19 years of age or olde	r (or 17 voors of	
Code), County ofage and qualified to vote in Illinois), that	I am a citizen of the United Stat	tes, and that the signatures on thi	s sheet were signed in m	y presence, not	
more than 90 days preceding the last day signing were at the time of signing the po	y of filing of the petitions and ar etition registered voters of the r	e genuine and that to the best of political division in which the cand	my knowledge and belief lidate is seeking elective	the persons so office, and their	
respective residences are correctly stated			v	·	
(0)		_			
(Circulator's S					
Signed and sworn to (or affirmed) by	(Name of Circulator)	before me, on (Insert month, day, year)			
(SEAL)		- <u></u>			
,	SHEET NO	(Notary	y Public's Signature)		
	STILLT NO.				

ATTACH TO PETITION	
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Suggested Revised March 2020 SBE No. P-1D

STATEMENT OF CANDIDACY

NEW POLITICAL PARTY

NAME:	ADDRESS – ZIP CODE:				
PARTY:	OFFICE:				
CITY, VILLAGE, COUNTY, DISTRICT OR STATE:					
	A Full Term is sought, unless an unexpired term is stated here:year unexpired term				
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)	JNTIL NAME CHANGED ON(List date of each name change)				
STATE OF ILLINOIS)) SS.					
) SS. County of)					
	being first duly sworn (or affirmed), say that I reside at				
in the City, Villa	age, Unincorporated Area of				
if unincorporated, list municipality that provides postal service) Zip Code, in the County of				
State of Illinois; that Lam a	wealified votor thorain, that I am a condidate for election to the office				
, State of Hillions, that I am a c	qualified voter therein, that I am a candidate for election to the office				
ofin the	Name of City Village Township County District or State)				
be voted upon at the election to be held on	lity requirement for the office to which I seek election) to hold such				
	tion filing period) a Statement of Economic Interests as required by				
	t my name be printed upon the official ballot for election to such				
ffice.	in my fiamo do printos aport are emetal ballet for election to each				
mice.					
	(Signature of Candidate)				
Cinned and an area to far efficient all the					
Signed and sworn to (or affirmed) by(Name of Cand	idate) (insert month, day, year)				
(SEAL)	(Notary Public's Signature)				

Δ	TT	ACH	TO	PET	ITIO	N

10 ILCS 5/7-10.1

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

LOYALTY OATH (OPTIONAL)

United State	s of America)) S:	c		
State of Illino	ois)	3.		
l,			, do s	swear (or affirm) th	at I am a citizen of the
United State	es and the State of Illino	ois, that I am	not affiliated	directly or indirectly	y with any communist
organization	or any communist front	t organization,	or any foreig	n political agency,	party, organization or
government	which advocates the ov	verthrow of co	onstitutional go	overnment by force	e or other means not
permitted un	der the Constitution of the	e United State	s or the Consti	tution of this State;	that I do not directly or
indirectly tea	ach or advocate the over	throw of the g	overnment of	the United States	or of this State or any
unlawful cha	nge in the form of the go	vernments the	ereof by force o	or any unlawful mea	ans.
				/Cianatura	of Condidate
				(Signature	of Candidate)
Ciam	and and arrays to for affirm				hofore me
Sign	ed and sworn to (or affirn	med) by	(Name o	of Candidate)	before me,
on	ert month, day, year)				
(11136	Temonus, day, year,				
				(Notary	Public's Signature)
	(SEAL)			(i total y	· solid o olghadalo)
	\ ······-/				