10 ILCS 5/7-10

_____ATTACH TO PETITION_____

STATEMENT OF CANDIDACY

NAME:	**OFFICE:** **PRECINCT COMMITTEEPERSON** A Full Term is sought, unless an unexpired term is stated here:_____year unexpired term
ADDRESS – ZIP CODE:	**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 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)

LOYALTY OATH (Optional)

United States of America
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, on _____.
(Name of Candidate) (insert month, day, year)

_____
(SEAL) (Notary Public's Signature)