	ATTACH TO PETITION
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STATEMENTOFCANDIDACY

			OFFICE	DISTRICT	PAR
	CODE				
STATE OF ILLINOIS					
)			
County of ())	SS.		
County of \	/				
I		(Name of Candidate) being first duly sworn (or a	affirmed) sav
				illage, Unincorporated Area	
				provides postal service) Zip (
				n a qualified voter therein a	
supporter of the		F	Party; that I am a car	ndidate for Nomination/Fle	-4:4
· · · · · · · · · · · · · · · · · · ·				ididate for Northination/Lie	ction to the
office of		in the	<u> </u>	District, a	and that I am
office of legally qualified to hold s	uch office and I	in the	<u> </u>		and that I am
office of	uch office and I	in the	<u> </u>	District, a	and that I am
office of	uch office and I ection to such o	in the hereby red ffice.	e quest that my name	District, a	and that I am
office oflegally qualified to hold s	uch office and I ection to such o	in the hereby red ffice.	e quest that my name	District, a	and that I am
office of	uch office and I ection to such o	in the hereby red ffice.	e quest that my name	District, a	and that I am
office of	uch office and I ection to such o	in the hereby red ffice.	e quest that my name	District, a	and that I am
office of	uch office and I ection to such o	in the hereby red ffice.	e quest that my name	District, a	and that I am
office of	uch office and I ection to such o	in the hereby red ffice.	e quest that my name	District, a	and that I am
office of	uch office and I ection to such o	in the hereby red ffice.	equest that my name	District, a	and that I am rian Party of