S T A T E M E N T OF C A N D I D A C Y

NAME	ADDRESS	OFFICE	DISTRICT	PARTY

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 **(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 and am a supporter of the _____ Party; that I am a candidate for Nomination/Election to the office of _____ in the _____ District, and that I am legally qualified to hold such office and I hereby request that my name be recorded by the Libertarian Party of Illinois for Nomination/Election to such office.

--- ---
Phone Email

Fill out below with official notary ONLY!!!!!

_____
(Signature of Candidate)

Signed and sworn to (or affirmed) by _____ before me, on_____
(Name of Candidate) (insert month, day, year)

_____
(Notary Public's Signature)