 ATTA	CH TO	PETITION	J
 7 I I /7			•

Suggested Revised March 2020 SBE No. P-1A

#### **STATEMENT OF CANDIDACY**

#### NONPARTISAN

NAME:	OFFICE:
•	A Full Term is sought, unless an unexpired term is stated here: year unexpired term
ADDRESS – ZIP CODE:	CITY. VILLAGE OR SPECIAL DISTRICT:
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 st 3 years) (List date of each name change)
(List all names during las	st 3 years) (List date of each name change)
STATE OF ILLINOIS )	
)	SS.
County of)	
	•
l,	being first duly sworn (or affirmed), say that I reside at
, in the 0	City, Village, Unincorporated Area of
(if unincorporated, list municipality that provides p	ostal service) Zip Code, in the County of
	nat I am a qualified voter therein, that I am a candidate for Nomination/
Election to the office of	in the(Name of City, Village or Special District)
to be voted upon at the election to be held on	(date of election) and that I am legally qualified
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 A	Act and I hereby request that my name be printed upon the official ballot for
Nomination/Election to such office.	
	(Signature of Candidate)
Signed and sworn to (or affirmed) by(Nam	before me, on ne of Candidate) (insert month, day, year)
(NGI)	(moert month, day, year)
(SEAL)	(Notary Public's Signature)

#### Statement of Economic Interests to be Filed with the County Clerk

(Type or Print)

Full Name:					
Home Address:	Street		City	State	Zip
nclude Unit of Governme		which this Statement is Filed (may b	e more than one	):	
Email Address:					
Home or Mobile Phone N	lumber:				
	•	GENERAL DIRECTIONS			
same as the interest of the needed, please attach support the provided line. If it does to be supported to file, in which dividends in exceptions.	e person making the plemental listing. Ple not apply to you, chement of ownership in a the ownership interess of \$1,200 were receddress, or if none, the	erson making the statement) of a spous statement. Campaign receipts shall not ase check the applicable box for your anck the "Not Applicable" box.  In the entity doing business with a unit of lost held by the person at the date of filing ived during the preceding calendar years by legal description.) No time or demand	swer or select "Ot cal government in it is in excess of \$5,6 (In the case of rea	her" and specify relation to which 000 fair market v I estate, location	your answer on the person is alue, or from thereof shall
2. List the name, address as director, associate, parti	ner or proprietor, or s	☐ Partnership ☐ Other  any professional organization in which the erved in any advisory capacity, from which the control of t	to income in exces	t ne statement wa	s an officer, derived during
the preceding calendar	year;	<u>ان</u>	Not Applicable		
Name of Professional Orga	nization	Type of Professional Organization ☐ Law ☐ Engineering ☐ Accounting ☐ Other	Role  ☐ Officer  ☐ Director  ☐ Partner  ☐ Other		-
Address of Organization	Street Address	Clty	, Sta	ste Zip	
List the nature of profess required to file) to each calendar year by the per	entity from which inc	ed (other than to the unit or units of loca ome exceeding \$5,000 was received for present:	l government in re professional service I Not Applicable	lation to which ti es rendered duri	ne person is ng the preceding
Professional Service  Law Accounting Engineering Medicine Architecture Other		Nature of Entity  Natural Person Corporation Partnership Governmental Unit Union Other		·	

<ol> <li>List the identity (including address or legal description of real esti realized during the preceding calendar year:</li> <li>Type</li> </ol>	ate) of any capital asset from which a capital gain of \$5,000 or more was  Not Applicable Capital Asset Description
□ Stock	
☐ Real Estate	
□ Other	
government in relation to which the person must file for any lice during the preceding calendar year, if the ownership interest of	ital action requested by any entity that has applied to a unit of local inse, franchise or permit for annexation, zoning or rezoning of real estate if the person filing is in excess of \$5,000 fair market value at the time of d by the person filing from the entity during the preceding calendar year:  Not Applicable
Name of Entity	Action Request
	□ License
	□ Franchise
	D Permit
	□ Other
income in excess of \$1.200 was derived during the preceding	overnment in relation to which the person is required to file, from which ag calendar year other than for professional services and the title or mand deposit in a financial institution nor any debt instrument need be Not Applicable
Name of Entity	Title
the unit or units of government in relation to which the person is	son making the statement during the preceding calendar year, other than s required to file:    Not Applicable   Your Title
Name of Entity	
8. List the name of any entity from which a gift or gifts, or honorari received during the preceding calendar year:	ium or honoraria, valued singly or in the aggregate in excess of \$500, was
Name of Entity	Nature of Gift
,	,
	•
I declare that this Statement of Economic interests (including any accompa	RIFICATION  anying schedules and statements) has been examined by me and to the best of my commic interests as required by the Illinois Governmental Ethics Act. I understand a fine not to exceed \$1,000, or imprisonment in a penal institution other than the

Signature of Person Making Statement

Date

ATTACH TO PETITION	
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10 ILCS 5/7-10.1

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

#### LOYALTY OATH (OPTIONAL)

United States of America	)	SS.				
State of Illinois	)	33.				
l,			, do s	swear (or affirm	ı) that I am a	a citizen of the
United States and the State of Illinois	s, that I	am not a	affiliated d	lirectly or indir	ectly with ar	ny communist
organization or any communist front o	organizat	tion, or a	ny foreigr	n political ager	icy, party, o	rganization or
government which advocates the ove	erthrow c	of constit	tutional go	overnment by	force or other	er means not
permitted under the Constitution of the	United S	tates or t	he Constit	tution of this St	ate; that I do	not directly or
indirectly teach or advocate the overth	row of the	he gover	nment of	the United Sta	tes or of this	State or any
unlawful change in the form of the gove	ernments	s thereof	by force of	or any unlawful	means.	
				(Signa	ture of Cand	idate)
Signed and sworn to (or affirme	ed) by		(Name o	of Candidate)		before me,
on						
(insert month, day, year)						
				(Nota	ary Public's :	Signature)
(SFAL)						

We, the undersigned, qualified voters in				
State of Illinois, do hereby peti				
	in the City, Town or Villa			
County of				
election); provided that if no primary elec	at the Consolidated Prima	-		•
said office and term.	ction is required, the candidate's r	iame will appear on the ballot at	the Consolidated Liectic	on tor election to
A Full Term is sought, unless an unex	mired term is stated here:	vear unexpired term		
	/10-5.1, complete the following (this in			
FORMERLY KNOWN AS		TIL NAME CHANGED ON		
***************************************	ist all names during last 3 years)	,	e of each name change)	
NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED  NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1.			,IL	
2.			,,!_	
3.			,IL	
4.			,L	***************************************
5.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
6.	***************************************		,IL	
7.			,IL	***************************************
8.			,IL	
9.			,lL	
10.			,fL	<u> </u>
State of				
	ss.			
County of	)			
	_ (Circulator's Name) do hereby c	ertify that I reside at		, in the
City/Village/Unincorporated Area of		(if unincorporated, list municipa	ality that provides postal	service) (Zip
Code) County of	State of	that Lan	n 18 years of age or olde	or (or 17 years of
Code), County ofage and qualified to vote in Illinois), that	I am a citizen of the United State	s, and that the signatures on this	sheet were signed in m	ny presence, not
more than 90 days preceding the last day signing were at the time of signing the p	y of filing of the petitions and are petition registered voters of the po	genuine and that to the best of r litical division in which the candi	ny knowledge and belie date is seeking elective	f the persons so office, and their
respective residences are correctly state				<b>,</b>
		(Circula	tor's Signature)	
Signed and sworn to (or affirmed) by		before me, on		
organica and aworm to for allithmed) by	(Name of Circulator)	(	Insert month, day, year)	
(SEAL)		/Noton:	Public's Signature)	
		(notary	i ubiic s Signature)	
	SHEET NO.			

Ve, the undersigned, qualified voters in the	he of	in the C	ounty of	and
state of Illinois, do hereby petiti	ion that the name of		, wh	o resides at
- Links and the second of the				
County of				
	<del></del>	ary election to be held on		· ·
lection); provided that <b>if</b> no primary elec	ction is required, the candidate's	name will appear on the ballot at t	ne Consolidated Election	n for election to
aid office and term.				
Full Term is sought, unless an unexp	pired term is stated here:	year unexpired term		
, ,	. ,	•		
FORMERLY KNOWN AS	UN' st all names during last 3 years)	TIL NAME CHANGED ON(List date	of each name change)	
NAME	VOTER'S PRINTED	STREET ADDRESS OR	CITY, TOWN OR	
(VOTER'S SIGNATURE)	NAME (optional)	RR NUMBER	VILLAGE	COUNTY
1.			,IL	
2.			,IL	
3.			,IL	
4.			,IL	·····
5.			,IL	
6.	·		,IL	
7.			,IL	
8.			,IL	······································
9.			,IL	
10.			,IL	
tate of	_ ) ) SS.			
ounty of	_ )			
	_ (Circulator's Name) do hereby o	certify that I reside at		, in the
City/Village/Unincorporated Area of		(if unincorporated, list municipa	lity that provides postal	service) (Zip
	Our track	مديم المسلم	40	- / d7 <b>-</b> f
ode), County of ge and qualified to vote in Illinois), that	am a citizen of the United State	es, and that the signatures on this	sheet were signed in m	y presence, not
nore than 90 days preceding the last day	y of filing of the petitions and are	genuine and that to the best of m	ıy knowledge and beliel	the persons so
igning were at the time of signing the passective residences are correctly stated		olitical division in which the candid	ate is seeking elective	oπice, and their
•••••••••••••••••••••••••••••••••••••••	•			
		/C:1-k	or's Signature)	
		(Girculati	ui s oignature)	
igned and sworn to (or affirmed) by	(Nome of Circulates)	before me, on(Ir	seart month day year	
	(Name of Circulator)	(II)	wort morini, day, you!)	
(SEAL)		(Notary F	Public's Signature)	that the the the terms of the three the terms of the term
	SHEET NO.			

e, the undersigned, qualified voters in th	ne of	in the Co	ounty of	and
tate of Illinois, do hereby petiti	on that the name of		, who	resides at
ounty of				
	at the Consolidated Prima	ary election to be held on	(0	late of primary
ection); provided that if no primary elec	tion is required, the candidate's	name will appear on the ballot at th	ne Consolidated Election	n for election to
aid office and term.				
Full Term is sought, unless an unexp If required pursuant to 10 ILCS 5/1	oired term is stated here:  10-5.1, complete the following (this in			
FORMERLY KNOWN AS		TIL NAME CHANGED ON	-f	
NAME	t all names during last 3 years)  VOTER'S PRINTED	STREET ADDRESS OR	of each name change) CITY, TOWN OR	1
(VOTER'S SIGNATURE)	NAME (optional)	RR NUMBER	VILLAGE	COUNTY
1.	Tivana (optional)		,1L	
2.			,H_	
3.			_                     _	
4.			,IL	
5.			,lL	
6.			,1.	
7.			, <u>I</u> , ,	· · · · · · · · · · · · · · · · · · ·
8.			,IL	
9.			,IL	
10.			,IL	
	1			
ate of	. ) SS.			
ounty of	, )			
	(Circulator's Name) do hereby	certify that I reside at		, in the
ity/Village/Unincorporated Area of	and the second s	(if unincorporated, list municipal	ity that provides postal s	service) (Zip
nda) County of	State of	that I am	18 years of ane or older	(or 17 years of
ode), County of ge and qualified to vote in Illinois), that I	am a citizen of the United State	es, and that the signatures on this	sheet were signed in m	presence, not
ore than 90 days preceding the last day gning were at the time of signing the pe spective residences are correctly stated	of filing of the petitions and are etition registered voters of the pe	egenuine and that to the best of m	y knowledge and belief	the persons so
		(Circulate	or's Signature)	
gned and sworn to (or affirmed) by	(Name of Circulator)	before me, on(Ir	isert month, day, vear)	
(SEAL)				
,		(Notary F	Public's Signature)	
	SHEET NO			

e, the under	signed, qualified voters	in the	of		_ in the Cou	nty of	and
		in th	ne City, Town or Vill	age of		Zip Cod	de
				placed upon the ballot			
·		at the	Consolidated Prim	ary election to be held	on	(	date of primar
ection); prov	ided that if no primary	election is requ	ired, the candidate's	name will appear on the	ballot at the	Consolidated Electio	n for election t
id office and	l term.						
If re	equired pursuant to 10 ILC	S 5/10-5.1, com	olete the following (this i	year unexpired termination will appear on the	e ballot)		
FO	RMERLY KNOWN AS		UN during last 3 years)	ITIL NAME CHANGED ON		each name change)	
·	NAME		TER'S PRINTED	STREET ADDRES		CITY, TOWN OR	
(vo	TER'S SIGNATURE)	N/	AME (optional)	RR NUMBE	R	VILLAGE	COUNTY
1.						,IL	
2.						, L	
3.						,IL	
4.						,L	***************************************
5.						,IL	
6.						,1L	
7.						, L	
8.						, L	
9.						,1L	
10.						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			<u> </u>				
ate of		)	SS.				
unty of		)					
		(Circulate	or's Name) do hereby	certify that I reside at	-		, in the
ty/Village/U	nincorporated Area of_			(if unincorporated, list	t municipality	that provides postal	service) (Zip
د د د	County of		State of		that I am 18	vegre of age or olde	r (or 17 veare r
e and qualif	, County or ied to vote in Illinois), t	hat I am a citiz	en of the United Stat	es, and that the signature	es on this sh	eet were signed in m	y presence, no
ore than 90 oning were a	davs preceding the las	t day of filing o ne petition regis	f the petitions and are stered voters of the p	e genuine and that to the olitical division in which	best of my l	knowledge and belief	the persons s
				100	(Circulator's	s Signature)	- ·· <del> · · ·</del>
gned and sw	orn to (or affirmed) by	/Na	me of Circulator)	before me, on	(Inse	ert month, day, year\	
		(140			(	.,,; <b>,</b> /	
(SEAL)				····	(Notary Put	olic's Signature)	
			SHEET NO.				

Ve, the undersigned, qualified voters in t	he of	in the C	ounty of	and
state of Illinois, do hereby petit	ion that the name of		, wh	o resides at
	in the City, Town or Villa	age of	Zip Co	et
county of				
		ary election to be held on		
lection), provided that if no primary elec	ction is required, the candidate's i	name will appear on the ballot at t	he Consolidated Electic	n for election to
aid office and term.				
Full Term is sought, unless an unex	pired term is stated here:	year unexpired term		
*				
FORMERLY KNOWN AS	UN' st all names during last 3 years)	TIL NAME CHANGED ON(List date	of each name change)	
NAME	VOTER'S PRINTED	STREET ADDRESS OR	CITY, TOWN OR	
(VOTER'S SIGNATURE)	NAME (optional)	RR NUMBER	VILLAGE	COUNTY
1.			,IL	
2.			,IL	
3.			,IL	
4.			,1L	
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6.			,L	
7.			,IL	
8.			,IL	
9.			,IL	
10.			,IL	
				<u> </u>
tate of	_ ) _ )			
ounty of	,			
<del></del>		partify that I regide at		, in the
	_ (Circulator's Name) do nereby (	certify that I reside at		, in the
City/Village/Unincorporated Area of		(if unincorporated, list municipa	lity that provides postal	service) (Zip
'ndo' County of	State of	that I am	18 years of age or olde	er (or 17 years of
ode), County of ge and qualified to vote in Illinois), that	I am a citizen of the United State	es, and that the signatures on this	sheet were signed in n	ly presence, not
nore than 90 days preceding the last daigning were at the time of signing the p	v of filing of the petitions and are	genuine and that to the best of n	ny knowledge and belie	f the persons so
espective residences are correctly state	d, as above set forth.	Milical division in which the cardic	date is seeking elective	omoc, and mon
·				
		(Circulat	or's Signature)	
		Chouldi	.s. s oignaturoj	·
igned and sworn to (or affirmed) by	(Name of Circulator)	before me, on(li	nsert month, day, year)	
	<b>,</b>	,		
(SEAL)		(Notary	Public's Signature)	***************************************
	SHEET NO			