INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the ________________ of ________________ in the County of ________________ and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the ________________ Election to be held on ________________ (date of election).

NAME: ____________________________
OFFICE: ____________________________

ADDRESS – ZIP CODE: ____________________________

A Full Term is sought, unless an unexpired term is stated here: ___ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

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<tr>
<th>NAME</th>
<th>VOTER'S PRINTED NAME (optional)</th>
<th>STREET ADDRESS OR RR NUMBER</th>
<th>CITY, TOWN OR VILLAGE</th>
<th>COUNTY</th>
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State of ________________
County of ________________

I, ____________________________ (Circulator’s Name) do hereby certify that I reside at ____________________________, in the City/Village/Unincorporated Area of ____________________________, (if unincorporated, list municipality that provides postal service) (Zip Code) ____________________________, County of ____________________________, State of ____________________________, that I am 18 years of age or older (or 17 years of age and qualified to vote in Illinois), that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day of filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

_________________________
(Circulator’s Signature)

Signed and sworn to (or affirmed) by ____________________________ before me, on ____________________________
(Name of Circulator) (Insert month, day, year)
(SEAL)

_________________________
(Notary Public’s Signature)

SHEET NO. ________________
STATEMENT OF CANDIDACY
INDEPENDENT

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 5/10-5, 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 
County of ___________________________

I, ___________________________, being first duly sworn (or affirmed), say that I reside at ___________________________, in the City, Village, Unincorporated Area of ___________________________, Zip Code ______ in the County of ___________________________, State of Illinois; that I am a qualified voter therein, that I am a candidate for election to the office of ___________________________ in the ___________________________, to be voted upon at the election to be held on ___/__/____ and that ___________________________ (Name of City, Village, Township, County, District or State) I am legally qualified (including being the holder of any license that may be an eligibility requirement for the office to which I seek election) 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 ballot for election to 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  )  SS.
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,

______________________________
(Name of Candidate)

on ________________________________.
(insert month, day, year)

______________________________
(Notary Public's Signature)

(SEAL)
STATEMENT OF ECONOMIC INTERESTS
TO BE FILED WITH
THE SECRETARY OF STATE

(Type or print name and address in the blank space below.)

(List each office or position of employment for which this Statement is filed.)

GENERAL DIRECTIONS

The interest (if constructively controlled by the person making the statement) of a spouse or any other party shall be considered to be the same as the interest of the person making the statement. Campaign receipts shall not be included in this statement.

(If more space is needed, please attach supplemental listing.)

1. List the name and instrument of ownership in any entity doing business in the State of Illinois, in which the ownership interest held by the person at the date of filing is in excess of $5,000 fair market value or from which dividends in excess of $1,200 were derived during the preceding calendar year. (In the case of real estate, location thereof shall be listed by street address or, if none, by legal description.) No time or demand deposit in a financial institution nor any debt instrument need be listed.

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<th>Business Entity</th>
<th>Instrument of Ownership</th>
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2. List the name, address and type of practice of any professional organization in which the person making the statement was an officer, director, associate, partner or proprietor, or served in any advisory capacity, from which income in excess of $1,200 was derived during the preceding calendar year.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Type of Practice</th>
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3. List the nature of professional services rendered (other than to the State of Illinois) of each entity from which income exceeding $5,000 was received for professional services rendered during the preceding calendar year by the person making the statement.


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4. List the identity (including the address or legal description of real estate) of any capital asset from which a capital gain of $5,000 or more was realized during the preceding calendar year.

5. List the identity of any compensated lobbyist with whom the person making the statement maintains a close economic association, including the name of the lobbyist and specifying the legislative matter or matters that are the object of the lobbying activity, and describing the general type of economic activity of the client or principal on whose behalf that person is lobbying.

   Lobbyist ___________________________________________
   Legislative Matter ___________________________________
   Client or Principal ___________________________________

6. List the name of any entity doing business in the State of Illinois from which income in excess of $1,200 was derived during the preceding calendar year, other than for professional services, and the title or description of any position held in that entity. (In the case of real estate, location thereof shall be listed by street address or, if none, by legal description.) No time or demand deposit in a financial institution nor any debt instrument need be listed.

   Entity ___________________________________________
   Position Held _____________________________________

7. List the name of any unit of government that employed the person making the statement during the preceding calendar year other than the unit or units of government in relation to which the person is required to file.

8. List the name of any entity from which a gift or gifts, or honorarium or honoraria, valued singly or in the aggregate in excess of $500, was received during the preceding calendar year.

VERIFICATION

I declare that this Statement of Economic Interests (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement of my economic interests as required by the Illinois Governmental Ethics Act. I understand that the penalty for willfully filing a false or incomplete statement shall be a fine not to exceed $1,000 or imprisonment in a penal institution other than the penitentiary not to exceed one year, or both fine and imprisonment.

(Signature of person making Statement)  (Date)

NOTE: This statement must be filed in the Office of the Secretary of State, Index Department, Ethics Section, 111 E. Monroe, Springfield, IL 62756.