10 ILCS 5/10-2,10-4, 10-5.1 **X...BIND HERE...X** Suggested
Revised May, 2009
SBE No. P-8

PETITION FOR NOMINATION
(To Form a New Political Party)

We, the undersigned, qualified voters of the _____ of _____ in the County of _____ and State of Illinois, do declare that it is our intention to form a new political party in the political division aforesaid, to be known and designated as the _____ Party, and do hereby petition that the following named persons shall be candidates for the offices hereinafter specified, to be voted at the _____ Election to be held on _____ (date of election).

A COMPLETE SLATE IS HEREBY PRESENTED

NAME	OFFICE	ADDRESS - ZIP CODE

For any candidate subject to the requirements of 10 ILCS 5/10-5.1, mark his/her name with an asterisk (*) and 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)

NAME (VOTER'S SIGNATURE)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1		IL	
2		IL	
3		IL	
4		IL	
5		IL	
6		IL	
7		IL	
8		IL	
9		IL	
10		IL	

State of Illinois)
) SS.
County of _____)

I, _____do hereby certify that I reside at _____,
(Circulator's Name) (Street Address)
in the _____ of _____, _____,
(City/Village/Unincorporated Area) (if unincorporated, list municipality that provides postal service) (Zip Code)
County of _____, State of _____ that I am18 years of age or older, 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 for 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 that 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)

_____
(Notary Public's Signature)

(SEAL) SHEET NO _____