

STATE BOARD OF ELECTIONS
STATE OF ILLINOIS

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I, _____ Candidate/Attorney (circle one) for candidate do hereby

accept service of the copy of the original objection to _____
(candidate)

candidate for _____ (specify office) filed by _____
(objector)

on ___ / ___ / 2018 (date) at _____ a.m./p.m. (time). I hereby waive the candidate's right to
service of the objection via registered mail.

(Signature of Candidate or Attorney)

(ARDC #, if applicable)

Signed and sworn to (or affirmed) by _____ before me on ___ / ___ / 2018
(date)

Notary Public's Signature

(SEAL)

Request No. _____ Staff Initials _____

Objection No. (to be entered by SBE staff) _____

Fax to Springfield upon receipt 217-557-9749