

-- ATTACH TO PETITION--

10 ILCS 5/10-5, 10-5.1

Suggested
March 2024
CC No. P-1D

**STATEMENT OF CANDIDACY
NEW POLITICAL PARTY**

Name _____	Phone _____
Address _____	City _____ Zip _____
Office _____	Term _____ District _____ <small>(if applicable)</small>
Party _____	

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 the last 3 years) (List date of each name change)

STATE OF ILLINOIS }
COUNTY OF DEKALB } SS.

I, _____, being first duly sworn (or affirmed) say that I
(Candidate's Name)
reside at _____ in the City / Village / Unincorporated Area (circle one)
(Street Address)
of _____, _____ in DeKalb County, in the State of Illinois; that I am a
(If unincorporated, list municipality that provides postal service) (Zip Code)
qualified voter therein; that I am a candidate for **Election** to the office of _____
(Office) (District, if applicable)

to be voted upon at the **General Election to be held on the 5th day of November 2024**; I am legally qualified (including being the holder of any license that may be an eligibility requirement for the office I seek) to hold such office and that I have filed (or will file before the close of the petition filing period) a Statement of Economic Interests, 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,
(Name of Candidate)

this _____ day of _____, 20____.
(Day) (Month) (Year)

(Signature of Notary Public)

(SEAL)

PETITION FOR NOMINATION TO FORM A NEW POLITICAL PARTY

We, the undersigned, qualified voters of _____ in the _____, in DeKalb County, State of Illinois, do hereby declare that it is our intention to form a new political party in the political division aforesaid, to be known as the _____ Party and the following named persons shall be candidates for the offices hereinafter specified to be voted on at the **General Election to be held the 5th day of November, 2024.**

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)*

VOTER SIGNATURE	VOTER PRINTED NAME	STREET ADDRESS OR RR NUMBER	CITY/VILLAGE	COUNTY
1.				DeKalb, Illinois
2.				DeKalb, Illinois
3.				DeKalb, Illinois
4.				DeKalb, Illinois
5.				DeKalb, Illinois
6.				DeKalb, Illinois
7.				DeKalb, Illinois
8.				DeKalb, Illinois
9.				DeKalb, Illinois
10.				DeKalb, Illinois

STATE OF ILLINOIS }
COUNTY OF _____ } SS. I, _____ do hereby certify that I reside at _____
(Circulator's Name)
(Street Address)

in the City / Village / Unincorporated Area (**circle one**) 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 I am 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 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, this _____ day of _____, 20____.
(Name of Circulator) *(Day)* *(Month)* *(Year)*

(Signature of Notary Public)

(SEAL)



STATEMENT OF ECONOMIC INTERESTS

TO BE FILED WITH
THE DEKALB COUNTY CLERK

(Type or print name and address on the lines below.)

NAME: _____

HOME MAILING ADDRESS: _____

E-MAIL ADDRESS (Preferred & Optional): _____

UNIT OF GOVERNMENT(S) THAT REQUIRES YOU TO FILE THIS FORM:

POSITION(S) FOR WHICH THIS STATEMENT IS FILED:

GENERAL DIRECTIONS

You may find the following documents helpful to you in completing this form: (1) federal income tax returns, including any related schedules, attachments, and forms; and (2) investment and brokerage statements. To complete this form, you do not need to disclose specific amounts or values or report interests relating either to political committees registered with the Illinois State Board of Elections or to political committees, principal campaign committees, or authorized committees registered with the Federal Election Commission. The information you disclose will be available to the public. You must answer all 6 questions. Certain questions will ask you to report any applicable assets or debts held in, or payable to, your name; held jointly by, or payable to, you with your spouse; or held jointly by, or payable to, you with your minor child. If you have any concerns about whether an interest should be reported, please consult your department's ethics officer, if applicable. Please ensure that the information you provide is complete and accurate. If you need more space than the form allows, please attach additional pages for your response. If you are subject to the State Officials and Employees Ethics Act, your ethics officer must review your statement of economic interests before you file it. Failure to complete the statement in good faith and within the prescribed deadline may subject you to fines, imprisonment, or both.

1. If you have any single asset that was worth more than \$10,000 as of the end of the preceding calendar year and is held in, or payable to, your name, held jointly by, or payable to, you with your spouse, or held jointly by, or payable to, you with your minor child, list such assets below. In the case of investment real estate, list the city and state where the investment real estate is located. If you do not have any such assets, list "none" below.

2. Excluding the position for which you are required to file this form, list the source of any income in excess of \$7,500 required to be reported during the preceding calendar year. If you sold an asset that produced more than \$7,500 in capital gains in the preceding calendar year, list the name of the asset and the transaction date on which the sale or transfer took place. If you had no such sources of income or assets, list "none" below.

Source of Income / Name of Asset	Date Sold (if applicable)

COMPLETE BUT DO NOT DETACH

This section will be returned to you when the Statement is filed with the County Clerk.

Receipt is hereby acknowledged of your Statement of Economic Interests, filed pursuant to the Illinois Government Ethics Act. The Statement was filed on this date:

Unit of Government and Position for which this statement is filed:

Name: _____

Home Mailing Address: _____

3. Excluding debts incurred on terms available to the general public, such as mortgages, student loans, and credit card debts, if you owed any single debt in the preceding calendar year exceeding \$10,000, list the creditor of the debt below. If you had no such debts, list "none" below. List the creditor for all applicable debts owed by you, owed jointly by you with your spouse, or owned jointly by you with your minor child. In addition to the types of debts listed above, you do not need to report any debts to or from financial institutions or government agencies, such as debts secured by automobiles, household furniture or appliances, as long as the debt was made on terms available to the general public, debts to members of your family, or debts to or from a political committee registered with the Illinois State Board of Elections or any political committee, principal campaign committee, or authorized committee registered with the Federal Election Commission.

4. List the name of each unit of government of which you or your spouse were an employee, contractor, or office holder during the preceding calendar year other than the unit or units of government in relation to which the person is required to file and the title of the position or nature of the contractual services.

Name of Unit of Government	Title or Nature of Service

5. If you maintain an economic relationship with a lobbyist or if a member of your family is known to you to be a lobbyist registered with any unit of government in the State of Illinois, list the name of the lobbyist below and identify the nature of your relationship with the lobbyist. If you do not have an economic relationship with a lobbyist or a family member known to you to be a lobbyist registered with any unit of government in the State of Illinois, list "none" below.

Name of Lobbyist	Relationship to Filer

6. List the name of each person, organization, or entity that was the source of a gift or gifts, or honorarium or honoraria, valued singly or in the aggregate in excess of \$500 received during the preceding calendar year and the type of gift or gifts, or honorarium or honoraria, excluding any gift or gifts from a member of your family that was not known to be a lobbyist registered with any unit of government in the State of Illinois. If you had no such gifts, list "none" on next page.

Name of Person/Organization	Type of Gift

7. List the name of any spouse or immediate family member living with the person making this statement employed by a public utility in this State and the name of the public utility that employs the relative.

Name and Relation	Public Utility

VERIFICATION

"I declare that this statement of economic interests (including any attachments) 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 is a fine not to exceed \$2,500 or imprisonment in a penal institution other than the penitentiary not to exceed one year, or both fine and imprisonment."

SIGNATURE OF FILER

DATE

PRINTED NAME OF FILER

**DO NOT DETACH
(WILL BE RETURNED AS YOUR RECEIPT)**

**CERTIFICATE OF OFFICERS
AUTHORIZED TO FILL VACANCIES IN NOMINATION
FOR A NEW POLITICAL PARTY**

We, the undersigned, duly certify that the persons whose names and addresses are listed below are the designated officers of the _____ Party who are authorized to fill vacancies in nomination pursuant to 10 ILCS 5/10-11.
(Name of New Political Party)

(Name and Title)

(Name and Title)

(Address)

(Address)

(City) *(Zip Code)*

(City) *(Zip Code)*

(Name and Title)

(Name and Title)

(Address)

(Address)

(City) *(Zip Code)*

(City) *(Zip Code)*

(Name and Title)

(Name and Title)

(Address)

(Address)

(City) *(Zip Code)*

(City) *(Zip Code)*

Signed: _____
(Chairman)

Attest: _____
(Secretary)

(Use additional sheets if necessary)

NOTE: A new political party petition shall have attached thereto a certificate stating the names and addresses of the party officers authorized to fill vacancies in nomination. Failure to file this form results in the party forfeiting the right to fill vacancies. It does not alone invalidate the petition.

LOYALTY OATH
(Optional)

United States of America }
State of Illinois } SS.

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)
this _____ day of _____, 20_____.
(Day) (Month) (Year)

(Signature of Notary Public)

(SEAL)

**CERTIFICATE OF ATTACHED LIST OF DELETIONS
INDEPENDENT CANDIDATE
(TO BE FILED WITH P-2A)**

We, the undersigned persons who have stricken signatures from the attached petitions do hereby certify that there is/are _____ page(s) of CERTIFICATION OF DELETIONS listing signatures which have been stricken, and are attached hereafter to the petitions of _____, who is a candidate for election to the office of _____ to be voted on at the **General Election to be held the 5th day of November 2024.**

(Name of Candidate)

The following are the page numbers indicated on the attached CERTIFICATION OF DELETIONS:

(Candidate's Signature)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

NOTE: Every person striking signatures from the petition shall each sign this certificate. This certificate shall be filed as part of the petition, shall be numbered, and shall be attached immediately following the last page of voter's signatures and preceding any **CERTIFICATION OF DELETIONS** sheets.