

**STATEMENT OF CANDIDACY**  
**DELEGATE AND ALTERNATE DELEGATE**

NAME	ADDRESS-ZIP CODE	OFFICE	DISTRICT	PARTY

If required pursuant to 10 ILCS 5/7-10.2, 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 \_\_\_\_\_ ) SS.

I, \_\_\_\_\_ being first duly sworn (or affirmed), say that I reside at \_\_\_\_\_, in the City, Village, Unincorporated Area of \_\_\_\_\_ (if unincorporated, list municipality that provides postal service) Zip Code \_\_\_\_\_, in the County of \_\_\_\_\_, State of Illinois; that I am a qualified voter therein and am a qualified Primary voter of the \_\_\_\_\_ Democratic Party Party; that I am a candidate for election to the office of \_\_\_\_\_ District Delegate in the \_\_\_\_\_ District, to be voted upon at the primary election to be held on \_\_\_\_\_ March 19th, 2024 (date of election) and that I am legally qualified to hold such office and I hereby request that my name be printed upon the official \_\_\_\_\_ Democratic Party (Name of Party) Primary ballot for election for such office.

prefer \_\_\_\_\_ Marianne Williamson \_\_\_\_\_ for President of the United States.

declare that I am uncommitted as to preference for President of the United States.

\_\_\_\_\_  
(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)