

## INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters residing within the district named below, in the County of Cook 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 General Election to be held on November 8, 2022.

<b>NAME:</b> Eddie Marrel Taylor	<b>OFFICE:</b>  President of the Cook County Board of Commissioners
<b>ADDRESS – ZIP CODE:</b> 125 S. Wacker Dr. Suite 300 Chicago, IL. 60606	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 named 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	Cook
2.		,IL	Cook
3.		,IL	Cook
4.		,IL	Cook
5.		,IL	Cook
6.		,IL	Cook
7.		,IL	Cook
8.		,IL	Cook
9.		,IL	Cook
10.		,IL	Cook

State of Illinois                    )  
   )  
 County of Cook.                    )                    SS.

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 that 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)

\_\_\_\_\_  
 (Notary Public's Signature)

(SEAL)