

STATEMENT OF CANDIDACY

NONPARTISAN

NAME:	OFFICE: <small>A Full Term is sought, unless an unexpired term is stated here: ____ year unexpired term</small>
ADDRESS – ZIP CODE:	CITY, VILLAGE OR SPECIAL DISTRICT:

If required pursuant to 10 ILCS 5/7-10.2, 8-8.1 or 10-5.1, 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)
) SS.
County of _____)

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, that I am a candidate for Nomination/

Election to the office of _____ in the _____
(Name of City, Village or Special District)

to be voted upon at the election to be held on _____ (date of election) and that I am legally qualified to hold such office and that I have filed (or I will file before the close of the petition filing period) a Statement of Economic Interests as required by the Illinois Governmental Ethics Act and I hereby request that my name be printed upon the official ballot for Nomination/Election to such office.

(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)

NONPARTISAN PETITION
(NON-MUNICIPAL AND COMMISSION FORM OF MUNICIPALITY)

We, the undersigned, qualified voters in the _____ in the
(unit of government)
County of _____ and State of Illinois, do hereby petition that the following named person shall be a Nonpartisan
Candidate for election to the office hereinafter specified, in the aforesaid unit of government, to be voted for at the election to be held
on _____ (date of election).

NAME:	OFFICE:
ADDRESS:	
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 names during last 3 years)

(List date of each name change)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	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 _____)
County of _____)

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 the 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)

(SEAL)

(Notary Public's Signature)

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Signed and sworn to (or affirmed) by _____ before me, on _____
(Name of Circulator) (Insert month, day, year)

(SEAL)

(Notary Public's Signature)

ATTACH TO PETITION

10 ILCS 5/7-10.1

Suggested
Revised July, 2004
SBE No. P-1C

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)

on _____
(insert month, day, year)

(Notary Public's Signature)

(SEAL)



**FORM
D-1**

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

Full name and complete mailing address of Political Committee:

CHECK FOR ADDRESS CHANGE

CHECK HERE TO RECEIVE REPORT NOTIFICATIONS VIA E-MAIL ONLY

E-MAIL ADDRESS:

POLITICAL COMMITTEE
IDENTIFICATION #

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE

- 1** **NEW COMMITTEE** (MUST BE FILED WITHIN 10 DAYS OF CREATION, OR WITHIN 2 DAYS IF CREATED WITHIN 30 DAYS BEFORE AN ELECTION)
- AMENDMENT** (MUST BE FILED WITHIN 10 DAYS OF ANY CHANGES. ENTER ONLY THOSE CHANGES FROM LAST D-1 ON FILE.)
- REACTIVATING**

2 DATE COMMITTEE CREATED:

3 AMOUNT OF FUNDS AVAILABLE AS OF CREATION DATE: \$ _____

POLITICAL COMMITTEE DESIGNATION (ALL COMMITTEES CHOOSE ONLY ONE)

- 4** **CANDIDATE POLITICAL COMMITTEE***
*For purposes of contribution limits and reporting requirements, a Candidate Political Committee supporting a candidate for multiple offices elected at different elections must designate an election cycle by listing the office currently sought.
This office is: _____
- POLITICAL ACTION COMMITTEE**
- POLITICAL PARTY COMMITTEE**
- BALLOT INITIATIVE COMMITTEE**
- INDEPENDENT EXPENDITURE COMMITTEE**

POLITICAL COMMITTEE'S AREA OF ACTIVITY, SCOPE, AND PARTY AFFILIATION

- 5** A. THIS COMMITTEE WILL PRIMARILY OPERATE IN THE FOLLOWING COUNTIES OR DISTRICTS:
(if operating statewide or supporting/opposing statewide candidates or ballot initiatives, leave blank.)

- B. POLITICAL PARTY AFFILIATION: _____
- C. NAME AND ADDRESS OF EACH SPONSORING ENTITY (if applicable):

PURPOSE OF THE POLITICAL COMMITTEE

7 CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)

NAME AND ADDRESS	SUPPORT	OPPOSE	OFFICE	PARTY
	<input type="checkbox"/>	<input type="checkbox"/>		

IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS.

COMMITTEE NAME:	POLITICAL COMMITTEE ID #:
-----------------	---------------------------

8	REQUIRED COMMITTEE OFFICERS:	
POSITION	NAME	ADDRESS, PHONE NUMBER, AND E-MAIL ADDRESS
CHAIR		
TREASURER		

9	POSITION, NAME AND ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S ACCOUNTS (IF DIFFERENT THAN OFFICERS)	
POSITION	NAME	ADDRESS, PHONE NUMBER, AND E-MAIL ADDRESS

10	FINANCIAL INSTITUTIONS AND OTHER REPOSITORIES OF COMMITTEE FUNDS	
NAME	ADDRESS AND PHONE NUMBER	

11	DISPOSITION OF RESIDUAL FUNDS IN THE EVENT OF DISSOLUTION OR TERMINATION OF THE COMMITTEE	
<input type="checkbox"/>	RETURN TO CONTRIBUTORS IN AMOUNTS NOT TO EXCEED THEIR INDIVIDUAL CONTRIBUTIONS	
<input type="checkbox"/>	TRANSFER TO ANOTHER POLITICAL COMMITTEE: _____	
<input type="checkbox"/>	TRANSFER TO A CHARITABLE ORGANIZATION: _____	

IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS

VERIFICATION: BALLOT INITIATIVE COMMITTEE ONLY

I DECLARE THAT THIS **BALLOT INITIATIVE COMMITTEE** IS FORMED FOR THE PURPOSE OF SUPPORTING OR OPPOSING A QUESTION OF PUBLIC POLICY. ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THIS STATEMENT OF ORGANIZATION. THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM ANY SOURCE, PROVIDED THAT THIS BALLOT INITIATIVE COMMITTEE DOES NOT MAKE CONTRIBUTIONS OR EXPENDITURES IN SUPPORT OF OR OPPOSITION TO A CANDIDATE OR CANDIDATES FOR NOMINATION FOR ELECTION, OR RETENTION, AND FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THIS COMMITTEE IN VIOLATION OF THIS ARTICLE (10 ILCS 5/9).

PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIR	DATE
---	-------------

VERIFICATION: INDEPENDENT EXPENDITURE COMMITTEE ONLY

I DECLARE THAT (i) THIS **INDEPENDENT EXPENDITURE COMMITTEE** IS FORMED FOR THE EXCLUSIVE PURPOSE OF MAKING INDEPENDENT EXPENDITURES, (ii) ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THIS STATEMENT OF ORGANIZATION, (iii) THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM ANY SOURCE, PROVIDED THAT THE INDEPENDENT EXPENDITURE COMMITTEE DOES NOT MAKE CONTRIBUTIONS TO ANY CANDIDATE POLITICAL COMMITTEE, POLITICAL PARTY COMMITTEE, OR POLITICAL ACTION COMMITTEE, AND (iv) FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THE COMMITTEE IN VIOLATION OF THIS ARTICLE (10 ILCS 5/9).

PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIR	DATE
---	-------------

VERIFICATION: ALL POLITICAL COMMITTEES

I DECLARE THAT THIS STATEMENT OF ORGANIZATION (INCLUDING ANY ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT, AND COMPLETE STATEMENT OF ORGANIZATION AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT OF ORGANIZATION IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1,001 AND UP TO \$5,000.

PRINTED AND WRITTEN SIGNATURE OF TREASURER OR CANDIDATE	DATE
--	-------------

THE ILLINOIS STATE BOARD OF ELECTIONS REQUIRES THE DISCLOSURE OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS OUTLINED UNDER PUBLIC ACT 78-1183. WILLFUL FAILURE TO FILE OR WILLFUL FILING OF FALSE OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL CONSTITUTE A BUSINESS OFFENSE SUBJECT TO A FINE OF UP TO \$5,000. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.

Statement of Economic Interests to be Filed with the County Clerk

(Type or Print)

Full Name: _____

Home Address: _____
Street City State Zip

Include Unit of Government and your Title for which this Statement is Filed (may be more than one):

Email Address: _____

Home or Mobile Phone Number: _____

GENERAL DIRECTIONS

The interest (if constructively controlled by the person making the statement) of a spouse or any other party shall be considered to be the same as the interest of the person making the statement. Campaign receipts shall not be included in this statement. **If more space is needed, please attach supplemental listing.** Please check the applicable box for your answer or select "Other" and specify your answer on the provided line. If it does not apply to you, check the "Not Applicable" box.

1. List the name and instrument of ownership in any entity doing business with a unit of local government in relation to which the person is required to file, in which the ownership interest held by the person at the date of filing is in excess of \$5,000 fair market value, or from which dividends in excess of \$1,200 were received during the preceding calendar year: (In the case of real estate, location thereof shall be listed by the street address, or if none, then by legal description.) No time or demand deposit in a financial institution, nor any debt instrument shall be listed.

Not Applicable

Business Entity	Business Name	Instrument of Ownership	Position of Management
<input type="checkbox"/> Business	_____	<input type="checkbox"/> Stock	<input type="checkbox"/> Board of Directors
<input type="checkbox"/> Real Estate	_____	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> CEO
<input type="checkbox"/> Other (specify)	_____	<input type="checkbox"/> Partnership	<input type="checkbox"/> Partner
		<input type="checkbox"/> Other _____	<input type="checkbox"/> President
			<input type="checkbox"/> Other _____

2. List the name, address and type of practice of any professional organization in which the person making the statement was an officer, director, associate, partner or proprietor, or served in any advisory capacity, from which income in excess of \$1,200 was derived during the preceding calendar year:

Not Applicable

Name of Professional Organization	Type of Professional Organization	Role
_____	<input type="checkbox"/> Law	<input type="checkbox"/> Officer
	<input type="checkbox"/> Engineering	<input type="checkbox"/> Director
	<input type="checkbox"/> Accounting	<input type="checkbox"/> Partner
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Address of Organization _____
Street Address City State Zip

3. List the nature of professional services rendered (other than to the unit or units of local government in relation to which the person is required to file) to each entity from which income exceeding \$5,000 was received for professional services rendered during the preceding calendar year by the person making the statement:

Not Applicable

Professional Service	Nature of Entity
<input type="checkbox"/> Law	<input type="checkbox"/> Natural Person
<input type="checkbox"/> Accounting	<input type="checkbox"/> Corporation
<input type="checkbox"/> Engineering	<input type="checkbox"/> Partnership
<input type="checkbox"/> Medicine	<input type="checkbox"/> Governmental Unit
<input type="checkbox"/> Architecture	<input type="checkbox"/> Union
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

4. List the identity (including address or legal description of real estate) of any capital asset from which a capital gain of \$5,000 or more was realized during the preceding calendar year: Not Applicable

Type	Capital Asset Description
<input type="checkbox"/> Stock	_____
<input type="checkbox"/> Real Estate	_____
<input type="checkbox"/> Other _____	_____

5. List the name of any entity and the nature of the governmental action requested by any entity that has applied to a unit of local government in relation to which the person must file for any license, franchise or permit for annexation, zoning or rezoning of real estate during the preceding calendar year, if the ownership interest of the person filing is in excess of \$5,000 fair market value at the time of filing, or if income or dividends in excess of \$1,200 were received by the person filing from the entity during the preceding calendar year: Not Applicable

Name of Entity	Action Request
_____	<input type="checkbox"/> License
_____	<input type="checkbox"/> Franchise
_____	<input type="checkbox"/> Permit
	<input type="checkbox"/> Other _____

6. List the name of any entity doing business with a unit of local government in relation to which the person is required to file, from which income in excess of \$1,200 was derived during the preceding calendar year other than for professional services and the title or description of any position held in that entity: (No time or demand deposit in a financial institution nor any debt instrument need be listed.) Not Applicable

Name of Entity	Title
_____	_____
_____	_____
_____	_____

7. List the name of any unit of government that employed the person making the statement during the preceding calendar year, other than the unit or units of government in relation to which the person is required to file: Not Applicable

Name of Entity	Your Title
_____	_____
_____	_____
_____	_____

8. List the name of any entity from which a gift or gifts, or honorarium or honoraria, valued singly or in the aggregate in excess of \$500, was received during the preceding calendar year: Not Applicable

Name of Entity	Nature of Gift
_____	_____
_____	_____
_____	_____

VERIFICATION

I declare that this Statement of Economic Interests (including any accompanying schedules and statements) 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 shall be a fine not to exceed \$1,000, or imprisonment in a penal institution other than the penitentiary not to exceed one year, or both fine and imprisonment.

_____	_____
Signature of Person Making Statement	Date

RECEIPT FOR FILING

Receipt is hereby acknowledged of the petition or caucus certificate of:

NAME

ADDRESS

OFFICE

DISTRICT PARTY

This petition/caucus certificate is deemed filed at: _____ o' clock (AM) (PM) on _____
(insert month, day, year)

DATED: _____
(insert month, day, year)

SIGNATURE OF ELECTION AUTHORITY