2025 INDEPENDENT TOWNSHIP CANDIDATE

To be filed with your Township Clerk during the filing period of November 12th – November 18th. Statement of Economic Interest should be filed at the County Clerk's Office

Included:

Signature Requirements
Independent Petition Sheets
Independent Statement of Candidacy
Loyalty Oath (Optional)

Statement of Economic Interest (To be filed with County Clerk)

Not less than 5% nor more than 8% (or 50 more than the minimum, whichever is greater) of the number of persons who voted at the last regular election in the township in which the township voted as a unit for the election of officers to serve its respective territorial area.

	April 2021 Vote	SIG	NATU	RE
	Total	REQU	IREMI	ENTS
Clayton	55	3	to	53
Northeast	141	7	to	57
Camp Point	94	5	to	55
Houston	25	1	to	51
Honey Creek	52	3	to	53
Keene	72	4	to	54
Mendon	61	3	to	53
Lima	49	2	to	52
Ursa	90	5	to	55
Concord	80	4	to	54
Mckee	59	3	to	53
Beverly	46	2	to	52
Columbus	156	8	to	58
Liberty	109	5	to	55
Richfield	31	2	to	52
Gilmer	232	12	to	62
Burton	60	3	to	53
Payson	464	23	to	73
Ellington	127	6	to	56
Melrose	710	36	to	86
Fall Creek	104	5	to	55
Riverside	177	9	to	59

ATTACLITO	DETITION
ATTACH TO	PETITION

Suggested Revised March 2020 SBE No. P-1B

STATEMENT OF CANDIDACY

INDEPENDENT

	NAME:	CITY, VILLAGE, TOWNSHIP, COUNTY, DISTRICT or STATE
	ADDRESS – ZIP CODE:	OFFICE:
		A Full Term is sought, unless an unexpired term is stated here: year unexpired term
	If required pursuant to 10 ILCS 5/7-10.2, 8-8.1 or 10-5.1, complete the	e following (this information will appear on the ballot)
	FORMERLY KNOWN AS UN (List all names during last 3 years)	ITIL NAME CHANGED ON (List date of each name change)
	County of) SS.	
I,	being first duly sworn (or af	firmed), say that I reside at,
ir	n the City, Village, Unincorporated Area of	(if unincorporated, list municipality that
p	rovides postal service) Zip Code in the County of _	, State of Illinois;
ti	nat I am a qualified voter therein, that I am a candidate for election	n to the office of in
tl (N	neto be voted up ame of City, Village, Township, County, District or State)	oon at the election to be held on and that and that
I	am legally qualified (including being the holder of any license that m	nay be an eligibility requirement for the office to which I seek election)
to	hold such office and that I have filed (or I will file before the clos	e of the petition filing period) a Statement of Economic Interests as
r	equired by the Illinois Governmental Ethics Act and I hereby requ	uest that my name be printed upon the official ballot for election to
s	uch office.	
		(Signature of Candidate)
	Signed and sworn to (or affirmed) by(Name of Candidat	before me, on e) (insert month, day, year)
	(SEAL)	(Notary Public's Signature)

X_BIND HERE_X

Suggested Revised March 2020 SBE No. P-3

INDEPENDENT CANDIDATE PETITION

ollowing named person shall be	an Independent Candidate for	election to the office here	inafter specifie
			specime
Election to be held on	(date of	election).	
	OFFICE:		
	A Full Term is sought, unless an unexpi	red term is stated here: year	unexpired term
UNTIL NAME			
	,	T '	
NAME (optional)	RR NUMBER	VILLAGE	COUNTY
		,IL	
)		•	
) SS.)			
Circulator's Name) do hereby c	ertify that I reside at		, in the
	(if unincorporated, list mu	nicipality that provides po	stal service) (Zi
. State of	that I	am 18 years of age or ol-	der (or 17 vear
f filing of the petitions and are	genuine and that to the best of	my knowledge and belief	the persons so
	(Circ	ulator's Signature)	
	,	- ,	
(Name of Circulator)	before me, on	(Insert month, day, year)	
	(Notar	y Public's Signature)	
) SS.) SS.) Circulator's Name) do hereby complete the following (this information was during last 3 years) VOTER'S PRINTED NAME (optional)) SS.) Circulator's Name) do hereby complete the poison registered voters of the poison registered voters of the poison sabove set forth.	OFFICE: A Full Term is sought, unless an unexpired property of the pallot) UNTIL NAME CHANGED ON (List date of each name of the pallot) (UNTIL NAME CHANGED ON (List date of each name of the pallot) (List date of each name of the pallot) (List date of each name of the pallot) STREET ADDRESS OR RR NUMBER SS. Circulator's Name) do hereby certify that I reside at (if unincorporated, list must be a citizen of the United States, and that the signatures on the filling of the petitions and are genuine and that to the best of ion registered voters of the political division in which the cances above set forth. (Circulator) (Name of Circulator)	OFFICE: A Full Term is sought, unless an unexpired term is stated here:

SHEET NO. _____

ATTAC	OT H	PETITION	
AIIA	ים ו	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 (o	r affirm) that I am	a citizen of the
United States and the State of Illi	inois, that I	am not affi	liated directly of	or indirectly with	any communist
organization or any communist fro	ont organiza	tion, or any	foreign politica	al agency, party,	organization or
government which advocates the	overthrow (of constituti	onal governme	nt by force or ot	her means not
permitted under the Constitution of	the United S	States or the	Constitution of	this State; that I d	o not directly or
indirectly teach or advocate the ov	erthrow of t	the governm	nent of the Unit	ed States or of th	nis State or any
unlawful change in the form of the	governments	s thereof by	force or any un	lawful means.	
				(Signature of Can	ididate)
Signed and sworn to (or af	firmed) by	(1	Name of Candid	date)	before me,
on (insert month, day, year)					
(insert month, day, year)					
				(Notary Public's	s Signature)
(SEAL)					

STATEMENT OF ECONOMIC INTERESTS TO BE FILED WITH THE ADAMS COUNTY CLERK Check this box if you would like a receipt mailed to you after the statement is filed by the County Clerk's Office: Yes (Typically, this is only necessary for individuals filing as a candidate in the current year.) NAME AND MAILING ADDRESS: **INSTRUCTIONS:** 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 7 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. Failure to complete the statement in good faith and within the prescribed deadline may subject you to fines, imprisonment, or both. **BASIC INFORMATION:** Office, department, or agency that requires you to file this form and your job title: Other offices, departments, or agencies that require you to file a Statement of Economic Interests form (e.g. IL State agencies or entities you file for in another county):_ Preferred e-mail address (optional): ___ **QUESTIONS:** 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)

Updated Form: 12/21/2021

PA102-0662

STATEMENT OF ECONOMIC INTEREST - PAGE TWO

3.	debts, list "none" below.	c, such as mortgages, student loans, and credit card debts, if you \$10,000, list the creditor of the debt below. If you had no such y by you with your spouse, or owed jointly by you with your minor
	child. In addition to the types of debts listed above, you do n government agencies, such as debts secured by automobiles, hoterms available to the general public, debts to members of your	ot need to report any debts to or from financial institutions or usehold furniture or appliances, as long as the debt was made on family, or debts to or from a political committee registered with incipal campaign committee, or authorized committee registered
	——————————————————————————————————————	
4.		spouse were an employee, contractor, or office holder during the ent in relation to which the person is required to file and the title
	Name of Unit of Government	Title or Nature of Services
_	If you maintain an accompanie relationship with a labbuist or if a m	
5.		of the lobbyist below and identify the nature of your relationship with a lobbyist or a family member known to you to be a lobbyist
	Name of Lobbyist	Relationship to Filer
6.		ding calendar year and the type of gift or gifts, or honorarium or ily that was not known to be a lobbyist registered with any unit of
_		
7.	List the name of any spouse or immediate family member living w in this State and the name of the public utility that employs the r Name and Relation	vith the person making this statement employed by a public utility relative. Public Utility
٧	ERIFICATION:	
Etl	owledge and belief is a true, correct and complete statement of	my attachments) has been examined by me and to the best of my my economic interests as required by the Illinois Governmental se or incomplete statement is a fine not to exceed \$2,500 or to exceed one year, or both fine and imprisonment."
Р	rinted Name of Filer:	
D	rate: Signature:	

Updated Form: 12/21/2021 PA102-0662