

# CITY OFFICE CANDIDATE PACKET ESTABLISHED POLITICAL PARTY

This document is only an informational sheet to help guide your filing process. Consult legal counsel if needed.

Included in this packet are forms needed to file nominating papers. You may begin circulating your petitions on July 30<sup>th</sup>, 2024.

Your nomination papers must be filed October 21<sup>st</sup> – October 28<sup>th</sup> in the Office of the City Clerk at City Hall.

Signature Requirements: **See Signature Sheet**

When filing your nomination papers:

- Your nomination papers should be uniform, of the same size and bound at the top by a staple.
- Your papers must be bound in the following order:
  - Statement of Candidacy (P-1)
  - Petition Sheets (P-10)
  - Loyalty Oath (optional)
  - Code of Fair Campaign Practices (optional)

-Statement of Economic Interests should not be bound with your packet but are required to be filed with the County Clerk's Office before the time of filing.

- A D-5 Notice of Obligation sheet is provided in this packet. A receipt to acknowledge receipt should be filed with your city clerk. (Receipt Included)

If you are concerned about the pronunciation of your name on our voter assist units, please contact the County Clerk's Office. A form can be submitted to advise of correct pronunciation of your name.

# ADAMS COUNTY CLERK SIGNATURE REQUIREMENTS-CITY OFFICES 2025 CONSOLIDATED PRIMARY ELECTION

## 10 ILCS 5/7-10

If a candidate seeks to run for mayor, clerk or treasurer, then the candidate's petition for nomination must contain at least the number of signatures equal to 0.5% of the qualified primary electors their party in the district (City of Quincy).

If a candidate seeks to run for township Supervisor or Assessor, the candidate's petition for nomination must contain at least the number of signatures equal to 0.5% of the qualified primary electors of his party in the township.

City Office Primary Electors- The number of primary electors shall be determined by taking the total vote cast for the candidate for that political party who received the highest number of votes in the political subdivision at the last regular election at which an officer was regularly scheduled to be elected from that subdivision.

Supervisor and Assessor Primary Electors -- The number of primary electors shall be determined by taking the total vote cast for the candidate for that political party who received the highest number of votes in the political subdivision, ward, township or district at the last regular election at which an officer was regularly scheduled to be elected from that subdivision, ward, township or district. [10 ILCS 57/-10]

### LAST PRECEDING CONSOLIDATED ELECTION TO DETERMINE PRIMARY ELECTORS: April 6, 2021

CITY CLERK- DEM		MAYOR-REP	
Candidate	Votes	Candidate	Votes
Laura Oakman	6,124	Michael Troup	4,959

  

TOWNSHIP ASSESSOR-DEM		SUPERVISOR-REP	
Candidate	Votes	Candidate	Votes
Lisa Gasko	5,823	Cindy Brink	5,371

Signature Requirements City Offices	
Democratic	Republican
<b>31</b>	<b>25</b>

Signature Requirements for Township Supervisor & Assessor	
Democratic	Republican
<b>29</b>	<b>27</b>

The above is the signature requirements for city/township offices circulating petitions for the 2025 Consolidated Primary Election.

STATEMENT OF CANDIDACY

NAME:	OFFICE:
ADDRESS – ZIP CODE:	A Full Term is sought, unless an unexpired term is stated here: _____ year unexpired term
	DISTRICT:
	PARTY:

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 )  
 )  
County of \_\_\_\_\_ ) SS.

I, \_\_\_\_\_ (Name of Candidate) 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 \_\_\_\_\_ Party; that I am a candidate for Nomination/Election to the office of \_\_\_\_\_ in the \_\_\_\_\_ District, to be voted upon at the primary election to be held on \_\_\_\_\_ (date of election) and that I am legally qualified (including being the holder of any license that may be an eligibility requirement for the office to which I seek the nomination) 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 \_\_\_\_\_ (Name of Party) Primary ballot for Nomination/Election for 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)

# GENERAL PRIMARY PETITION

We, the undersigned, members of and affiliated with the \_\_\_\_\_ Party and qualified primary electors of the \_\_\_\_\_ Party, in the \_\_\_\_\_ of \_\_\_\_\_ in the County of \_\_\_\_\_, and State of Illinois, do hereby petition that the following named person or persons shall be a candidate(s) of the \_\_\_\_\_ Party for the nomination/election for the office or offices hereinafter specified to be voted for at the Primary Election to be held on \_\_\_\_\_ (date of election).

<b>NAME:</b>	<b>OFFICE:</b>
<b>ADDRESS:</b>	
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 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 \_\_\_\_\_ )  
 ) SS.  
 County of \_\_\_\_\_ )

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 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 qualified voters of the \_\_\_\_\_ Party in the political division in which the candidates is seeking nomination/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, on \_\_\_\_\_  
 (Name of Circulator) (Insert month, day, year)

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

(SEAL)

SHEET NO. \_\_\_\_\_

### GENERAL PRIMARY PETITION

We, the undersigned, members of and affiliated with the \_\_\_\_\_ Party and qualified primary electors of the \_\_\_\_\_ Party, in the \_\_\_\_\_ of \_\_\_\_\_ in the County of \_\_\_\_\_, and State of Illinois, do hereby petition that the following named person or persons shall be a candidate(s) of the \_\_\_\_\_ Party for the nomination/election for the office or offices hereinafter specified to be voted for at the Primary Election to be held on \_\_\_\_\_ (date of election).

<b>NAME:</b>	<b>OFFICE:</b>
<b>ADDRESS:</b>	
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 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 \_\_\_\_\_ )  
 ) SS.  
 County of \_\_\_\_\_ )

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 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 qualified voters of the \_\_\_\_\_ Party in the political division in which the candidates is seeking nomination/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, on \_\_\_\_\_  
 (Name of Circulator) (Insert month, day, year)

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

(SEAL)

SHEET NO. \_\_\_\_\_

GENERAL PRIMARY PETITION

We, the undersigned, members of and affiliated with the \_\_\_\_\_ Party and qualified primary electors of the \_\_\_\_\_ Party, in the \_\_\_\_\_ of \_\_\_\_\_ in the County of \_\_\_\_\_, and State of Illinois, do hereby petition that the following named person or persons shall be a candidate(s) of the \_\_\_\_\_ Party for the nomination/election for the office or offices hereinafter specified to be voted for at the Primary 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 5/7-10.2, 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)

Table with 5 columns: NAME (VOTER'S SIGNATURE), VOTER'S PRINTED NAME (optional), STREET ADDRESS OR RR NUMBER, CITY, TOWN OR VILLAGE, COUNTY. Rows 1-10.

State of \_\_\_\_\_ ) ) SS. County of \_\_\_\_\_ )

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 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 qualified voters of the \_\_\_\_\_ Party in the political division in which the candidates is seeking nomination/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, on \_\_\_\_\_ (Name of Circulator) (Insert month, day, year)

(SEAL)

(Notary Public's Signature)

GENERAL PRIMARY PETITION

We, the undersigned, members of and affiliated with the \_\_\_\_\_ Party and qualified primary electors of the \_\_\_\_\_ Party, in the \_\_\_\_\_ of \_\_\_\_\_ in the County of \_\_\_\_\_, and State of Illinois, do hereby petition that the following named person or persons shall be a candidate(s) of the \_\_\_\_\_ Party for the nomination/election for the office or offices hereinafter specified to be voted for at the Primary 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 5/7-10.2, 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)

Table with 5 columns: NAME (VOTER'S SIGNATURE), VOTER'S PRINTED NAME (optional), STREET ADDRESS OR RR NUMBER, CITY, TOWN OR VILLAGE, COUNTY. Rows 1-10.

State of \_\_\_\_\_ ) ) SS. County of \_\_\_\_\_ )

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 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 qualified voters of the \_\_\_\_\_ Party in the political division in which the candidates is seeking nomination/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, 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

**L O Y A L T Y   O A T H**  
(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)



## **CODE OF FAIR CAMPAIGN PRACTICES**

There are basic principles of decency, honesty, and fair play that every candidate for public office in the State of Illinois has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional right to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

**THEREFORE:**

- (1) I will conduct my campaign openly and publicly, and limit attacks on my opponent to legitimate challenges to his record.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or his personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, sexual orientation, religion or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opposition.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our American system of free elections or that hampers or prevents the full and free expression of the will of the voters.
- (6) I will defend and uphold the right of every qualified American voter to full and equal participation in the electoral process.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this Code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Illinois or chairman of a political committee in support of or opposition to a question of public policy, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct my campaign in accordance with the above principles and practices.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Office Sought

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date of Election

\_\_\_\_\_  
Name of Political Committee

# 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:  
(Typically, this is only necessary for individuals filing as a candidate in the current year.)

 Yes

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**NAME AND MAILING ADDRESS:**

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**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.

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**BASIC INFORMATION:**

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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): \_\_\_\_\_

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**QUESTIONS:**

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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.

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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)

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

STATEMENT OF ECONOMIC INTEREST - PAGE TWO

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 owed 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.

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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 Services

Name of Unit of Government	Title or Nature of Services
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

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

Name of Lobbyist	Relationship to Filer
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

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" below.

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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

Name and Relation	Public Utility
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

**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."

Printed Name of Filer: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

# D-5 NOTICE OF OBLIGATION

TO: All Candidates for Nomination, Election or Retention to Public Office and for Questions of Public Policy

This letter is to officially notify you of your filing obligation under Article 9 of the Election Code (An Act to Regulate Campaign Financing).

**ALL CAMPAIGN DISCLOSURE DOCUMENTS, INCLUDING THE D-1 STATEMENT OF ORGANIZATION, MUST BE FILED WITH THE STATE BOARD OF ELECTIONS ONLY.**

**The Act requires a political committee to file a form D-1, Statement of Organization, within 10 business days of the creation of such committee, except any political committee created within the 30 days before an election must file a Statement of Organization within 2 business days. Required forms and A Guide to Campaign Disclosure are available from the Board offices and online. Failure to file or late filing of a Statement of Organization will result in a civil penalty being imposed by the Board.**

Committees who must file fall within five categories: Candidate Political Committee, Political Party Committee, Political Action Committee, Ballot Initiative Committee, or Independent Expenditure Committee.

## 10 ILCS 5/9-1.8 Political Committees

**Candidate Political Committee:** means the candidate himself or herself or any natural person, trust, partnership, corporation, or other organization or group of persons designated by the candidate that accepts contributions or makes expenditures during any 12 month period in an aggregate amount exceeding \$5000 on behalf of the candidate.

**Political Party Committee:** means the State central committee of a political party, a county central committee of a political party, a legislative caucus committee, or a committee formed by a ward or township committeeman of a political party. A legislative caucus committee means a committee established for the purpose of electing candidates to the General Assembly by the person elected President of the Senate, Minority Leader of the Senate, Speaker of the House of Representatives, Minority Leader of the House of Representatives, or a committee established by 5 or more members of the same caucus of the Senate or 10 or more members of the same caucus of the House of Representatives.

**Political Action Committee:** means any natural person, trust, partnership, committee, association, corporation, or other organization or group of persons, other than a candidate, political party, candidate political committee, or political party committee, that accepts contributions or makes expenditures during any 12 month period in an aggregate amount exceeding \$5000 on behalf of or in opposition to a candidate or candidates for political office. Political Action Committee includes any natural person, trust, partnership, committee, association, corporation, or other organization or group of persons, other than a candidate, political party, candidate political committee, or political party committee, that makes electioneering communications during any 12 month period in an aggregate amount exceeding \$5000 related to any candidate or candidates for public office.

**Ballot Initiative Committee:** means any natural person, trust, partnership, committee, association, corporation, or other organization or group of persons that accepts contributions or makes expenditures during any 12 month period in an aggregate amount exceeding \$5000 in support of or in opposition to any question of public policy to be submitted to the electors. Ballot initiative committee includes any natural person, trust, partnership, committee, association, corporation, or other organization or group of persons that makes electioneering communications during any 12 month period in an aggregate amount exceeding \$5000 related to any question of public policy to be submitted to the voters. The \$5000 threshold applies to any contributions or expenditures received or made with the purpose of securing a place on the ballot for, advocating the defeat or passage of, or engaging in electioneering communication regarding the question of public policy, regardless of the method of initiation of the question of public policy and regardless of whether petitions have been circulated or filed with the appropriate office or whether the question has been adopted and certified by the governing body.

**Independent Expenditure Committee:** means any trust, partnership, committee, association, corporation, or other organization or group of persons formed for the exclusive purpose of making independent expenditures during any 12-month period in an aggregate amount exceeding \$5000 in support of or in opposition to (i) the nomination for election, election, retention, or defeat of any public official or candidate or (ii) any question of public policy to be submitted to the electors. "Independent expenditure committee" also includes any trust, partnership, committee, association, corporation, or other organization or group of persons that makes electioneering communications that are not made in connection, consultation, or concert with or at the request or suggestion of a public official or candidate, a public official's or candidate's designated political committee or campaign, or an agent or agents of the public official, candidate, or political committee or campaign during any 12-month period in an aggregate amount exceeding \$5000 related to (i) the nomination for election, election, retention, or defeat of any public official or candidate or (ii) any question of public policy to be submitted to the voters.

**D-5 NOTICE OF OBLIGATION-RECEIPT**

\_\_\_\_\_  
DATE OF ELECTION

I hereby acknowledge receipt of a "D-5 Notice of Obligation to Candidates" (campaign disclosure).

\_\_\_\_\_  
SIGNATURE OF PERSON FILING PETITIONS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Office Candidate Seeking)

Retained on File with Local Election Official