



Village of Maple Park

302 Willow Street ♦ P.O. Box 220 ♦ Maple Park, Illinois 60151

Village Hall: 815-827-3309
Fax: 815-827-4040
Website: <http://www.villageofmaplepark.com>

DATE: September 22, 2020

TO: Candidates for Maple Park Village President and Board of Trustees

FROM: Terri D'Amato
Village Clerk

RE: INFORMATION REGARDING CIRCULATION AND FILING OF PETITIONS

Attached is information concerning the *Consolidated Election to be held on April 6, 2021.*

Please review this information thoroughly.

Petitions should be completed, signed and notarized, as required, **prior** to filing with the Village Clerk Clerk/Local Election Official. To avoid the appearance of impropriety and to assure fair electoral board hearings, neither the Village Clerk nor other Village Notary Publics will notarize nomination papers for candidates seeking office in the Village of Maple Park.

Persons filing as candidates should verify accuracy of general information provided herein by referring to the "2021 Local Election Officials Handbook" issued by the Illinois State Board of Elections (available at <http://www.elections.state.il.us> or it may be obtained from the Village Clerk's Office), by consulting with competent legal counsel, or contacting the Office of the State Board of Elections, Springfield (217-782-4141) or Chicago (312-814-6440), prior to the date of filing. Signature requirements may also be verified with the State Board of Elections.

This information and all related documents have been provided to you as a public service. The Village of Maple Park and its Clerk make no representation regarding the accuracy or validity of the forms you have received from the Clerk's office.

Offices will be open on the following days/times to accept petitions:

| | |
|------------------------------|------------------|
| Monday, December 14, 2020 | 9 a.m. to 3 p.m. |
| Tuesday, December 15, 2020 | 3 p.m. to 7 p.m. |
| Wednesday, December 16, 2020 | 9 a.m. to 3 p.m. |
| Thursday, December 17, 2020 | 9 a.m. to 3 p.m. |
| Friday, December 18, 2020 | 9 a.m. to 3 p.m. |
| Monday, December 21, 2020 | 9 a.m. to 5 p.m. |

If you should have any questions please feel free to contact me at (815) 827-3309.

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 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, that I am a candidate for election to the office of _____ in
the _____ to be voted upon at the election to be held on _____ and that
(Name of City, Village, Township, County, District or State) (date of election)

I am legally qualified (including being the holder of any license that may 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 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 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)

INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the _____ of _____ in the County of _____ 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 _____ Election to be held on _____ (date of election).

| | |
|--|----------------|
| NAME: | OFFICE: |
| ADDRESS – ZIP CODE: | |
| 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)

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)

Your Name Was Submitted for Filing by an Entity that you Represent
STATEMENT OF ECONOMIC INTERESTS TO BE FILED WITH THE COUNTY CLERK
(Type or Hand Print **Clearly**)

Name

Each office or position of employment for which this Statement is filed

Full Mailing Address

GENERAL DIRECTIONS

The interest (if constructively controlled by the person making this 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 additional space is needed, please attach supplemental listing.**

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.

| Business Entity | Instrument of Ownership | Position of Management |
|-----------------|-------------------------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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.

| Name | Address | Type of Practice |
|-------|---------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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.

4. List the identity (including the 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.

5. List the name of any entity and the nature of the governmental action requested by any entity which 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.

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.

7. List the name of any unit of government which 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.

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.

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 the statement)

(date)

This will be returned to you when
Statement is filed in the office of the
Clerk.

Receipt is hereby acknowledged of your
Statement of Economic Interest, filed
Pursuant to the Illinois Governmental
Ethics Act. The statement was filed as
of this date.

COMPLETE BUT DO NOT DETACH

Type or Hand Print Legibly

(office or position of employment for which this Statement is filed)

Name

Address

City

State

Zip Code

All three pages must be returned to the Kane County Clerk for filing either in person or by mail. **We will return this receipt to you**, and you should keep this for your records.

Location: 719 S. Batavia Avenue, Building B
Geneva, IL 60134

Mailing Address: Kane County Clerk
ATTN: EIS
719 S. Batavia Avenue, Building B
Geneva, IL 60134

**VILLAGE OF MAPLE PARK
CONSOLIDATED ELECTION
APRIL 6, 2021**

SIGNATURE REQUIREMENTS

| Ballots Cast | 5% | 8% | Min | Max |
|---------------------|-----------|-----------|------------|------------|
| 58 | 2.90 | 4.64 | 3 | 53 |