

**APRIL 2023 MUNICIPAL ELECTION**

**ESTABLISHED POLITICAL PARTIES, INDEPENDENT, NEW POLITICAL PARTY  
AND NONPARTISAN OFFICES TO BE ELECTED**

**MUNICIPAL ( INDEPENDENT)**

**VILLAGE OF CARY**

**Clerk (Remainder of Term - Two (2) Years) Unexpired Term, One (1) Open Position**

**Trustee - Three (3) Open Positions, each a Four (4) Year Term**

**FILING DATES AND DEADLINES:**

**December 12-19, 2022** - Filing period for candidates seeking election at the **APRIL 4, 2023**  
**Consolidated Election.**

(Petitions may NOT be circulated prior to September 20, 2022. All candidates, except school board members, MUST file with local election official in main district office.)

**Number of Signatures Required**

**Independent Candidates:      Ballots Cast x 5% =minimum**

**Ballots Cast x 8% = maximum (or 50 more than the  
minimum)**

**Total of Ballots Cast in Last Election (2021) = 1,387**

**NOMINATION PAPERS MUST BE SECURELY FASTENED TOGETHER AND INCLUDE:**

**STATEMENT OF CANDIDACY** – Must include the candidate’s name, the candidate’s legal address and the office sought.

**NOMINATING PETITIONS WITH NUMBER OF SIGNATURES REQUIRED** (pages sequentially numbered) – The form of the candidate’s name for the ballot will be taken from the first numbered page of the nomination petition. The top of each petition page must include the candidate’s name, legal address, title of office, term and district.

**LOYALTY OATH** (optional)

**RECEIPT OF FILING STATEMENT OF ECONOMIC INTEREST** - Required by the Illinois Governmental Ethics Act, this form must be filed with the County Clerk and a receipt issued. The receipt must be filed with the petition papers. The receipt is the only form that may be added to nomination papers once they have been filed and must be received by 5:00 pm, December 19,2022.

**CERTIFICATION OF DELETIONS** – This form is completed by the candidate or circulator deleting a name from the petition for nomination. A separate form must be used by each person striking signatures.

**CERTIFICATION OF ATTACHED LIST OF DELETIONS** – This form is completed by the candidate in addition to the Certificate of Deletions if names are deleted from the petitions.

**Disclaimer: This is not legal advice. This information is provided for general purposes only. All candidates should consult with legal counsel regarding election matters. The McHenry County Clerk’s office cannot recommend an attorney or give legal advice on these matters. For the complete Election Calendar and Candidates Guide please visit the Illinois State Board of Elections Website: [www.elections.state.il.us](http://www.elections.state.il.us)**

STATEMENT OF CANDIDACY INDEPENDENT

Form with fields for NAME, CITY, VILLAGE, TOWNSHIP, COUNTY, DISTRICT or STATE, ADDRESS - ZIP CODE, and OFFICE. Includes a note: 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 (List all names during last 3 years) UNTIL NAME CHANGED ON (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)

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 \_\_\_\_\_ )
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

**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)

### CERTIFICATE OF ATTACHED LIST OF DELETIONS

We, the undersigned persons who have stricken signatures from the attached hereby certify that there is/are \_\_\_\_\_ page(s) of **CERTIFICATION OF DELETIONS** listing signatures which have been stricken, and are attached hereafter to the petitions of \_\_\_\_\_ (Name of Candidate) who is a candidate for election to the office of \_\_\_\_\_ at the \_\_\_\_\_ Election to be held on \_\_\_\_\_ (date of election).

The following are the page numbers indicated on the attached **CERTIFICATION OF DELETIONS**:

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\_\_\_\_\_  
(CANDIDATE)

\_\_\_\_\_  
(Circulator)

\_\_\_\_\_  
(Circulator)

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(Circulator)

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(Circulator)

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(Circulator)

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(Circulator)

\_\_\_\_\_  
(Circulator)

Every person striking signatures from the petition shall each sign this certificate. This certificate shall be filed as part of the petition, shall be numbered, and shall be attached immediately following the last page of voters' signatures and preceding any **CERTIFICATE OF DELETION** sheet.

### CERTIFICATION OF DELETIONS

I, \_\_\_\_\_, Candidate or Circulator (circle one) do hereby certify that I have properly initialed the deletions of signatures, listed hereinafter by page and line numbers, from the petition of \_\_\_\_\_ (Name of Candidate) who is a candidate for election or nomination (circle one) to the office of \_\_\_\_\_ at the \_\_\_\_\_ Election to be held on \_\_\_\_\_ (date of election).

| Page No. | Line No. | Page No. | Line No. | Page No. | Line No. |
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\_\_\_\_\_  
(Signature of Person Deleting Signatures)

Only the person circulating the petition, or the candidate on whose behalf the petition is circulated, may strike any signature from the petition. If deletions are made, this **CERTIFICATION OF DELETIONS** shall be filed as part of the petition.

# STATEMENT OF ECONOMIC INTERESTS

## TO BE FILED WITH THE COUNTY CLERK

|       |
|-------|
| FILED |
|       |

### 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. If you are subject to the State Officials and Employees Ethics Act, your ethics officer must review your statement of economic interests before you file it. Failure to complete the statement in good faith and within the prescribed deadline may subject you to fines, imprisonment, or both.

### BASIC INFORMATION:

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**Name** \_\_\_\_\_ **Job Title** \_\_\_\_\_

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**Office, department, or agency that requires you to file this form** \_\_\_\_\_

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**Other offices, departments, or agencies that require you to file a Statement of Economic Interests form** \_\_\_\_\_

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**Full Mailing Address** \_\_\_\_\_

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**Preferred E-Mail Address (Optional)** \_\_\_\_\_

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) |
|----------------------------------|---------------------------|
| _____                            | _____                     |
| _____                            | _____                     |

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 |
|----------------------------|-----------------------------|
| _____                      | _____                       |
| _____                      | _____                       |

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 |
|------------------|-----------------------|
| _____            | _____                 |
| _____            | _____                 |

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 |
|-------------------|----------------|
| _____             | _____          |
| _____             | _____          |
| _____             | _____          |

**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**

If this statement of economic interests requires ethics officer review prior to filing, the applicable ethics officer must complete the following:

**CERTIFICATION OF ETHICS OFFICER REVIEW:**

"In accordance with law, as Ethics Officer, I reviewed this statement of economic interests prior to its filing."

\_\_\_\_\_  
**Printed Name of Ethics Officer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Preferred E-Mail Address (Optional)**

**NOTE: THIS STATEMENT OF ECONOMIC INTERESTS MUST INCLUDE THE FILER'S ORIGINAL SIGNATURE. THE ORIGINAL FORM MUST BE FILED IN THE OFFICE OF THE COUNTY CLERK, 667 WARE ROAD, ROOM 107, WOODSTOCK, ILLINOIS, 60098.**