Copies of the Candidate's Guide are available from the Illinois State Board of Elections.

The Local Election Official can not give any assistance with completing your election materials. The Local Election Official can only accept what is presented at the time of filing.

Petitions will be accepted in the Office of the City Clerk from 8:00 a.m. until 4:30 p.m. on the following days:

Tuesday, November 12, 2024 Wednesday, November 13, 2024 Thursday, November 14, 2024 Friday, November 15, 2024

And from 8:00 am until 5:00 pm on:

Monday, November 18, 2024

SIGNATURE REQUIREMENTS

Mayor:

Not less than 46 – Not more than 96

City Clerk:

Not less than 32 – Not more than 82

Alderman Ward 1:

Not less than 25 – Not more than 75

Alderman Ward 2:

Not less than 25 – Not more than 75

Alderman Ward 3:

Not less than 25 – Not more than 75

Alderman Ward 4:

Not less than 25 – Not more than 75

CANDIDATE CHECKLIST

- Meet residency, age, and other qualifications for the specific office
- File paperwork with the SBE <u>Campaign Disclosure division</u>
- File a notarized Statement of Candidacy including (but not limited to):
 - Your name
 - Your address
 - Office sought
 - Party
 - Office location (for example, the district or county)
 - Date of the election
- File a Statement of Economic Interests receipt (does not apply to federal offices or political party offices)
- File a Loyalty Oath (optional)
- File a Code of Fair Campaign Practices (optional)
- File notarized petition sheets with the required number of signatures, numbered consecutively starting with the number "1"
- Include a Certificate of Deletions with petitions, numbered consecutively starting with the number "1" (if applicable)
- Fill out data entry card (for people who file with the State Board of Elections) and place on top of nominating petition packet (does not need to be attached to packet)
- File with the appropriate election authority (see specific office in this guide for details)

NOTE: This checklist is not binding and should not be construed as sufficient argument in response to any objection or legal argument. If you have further questions, you may contact the division of Election Operations at the State Board of Elections or your legal counsel.

ATTACH TO	PETITION	
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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, com	nplete 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 swor	rn (or affirmed), say that I reside at
in the City, Village, Unincorporated Area of	(if unincorporated, list municipality th
provides postal service) Zip Code in the Cou	inty of, State of Illinois
that I am a qualified voter therein, that I am a candidate for	election to the office of
to be v. Name of City, Village, Township, County, District or State)	voted upon at the election to be held on and that (date of election)
am legally qualified (including being the holder of any license	se that may be an eligibility requirement for the office to which I seek electi
o hold such office and that I have filed (or I will file before the	the close of the petition filing period) a Statement of Economic Interests
equired by the Illinois Governmental Ethics Act and I here	eby request that my name be printed upon the official ballot for election
such office.	
	(Signature of Candidate)
Signed and sworn to (or affirmed) by(Name of Ca	before me, on andidate) (insert month, day, year)
(SEAL)	(Notary Public's Signature)

Suggested Revised March 2020 SBE No. P-3

We, the undersigned, qualified voters	s in the of	in the Co	ounty of	and
State of Illinois, do hereby petition that				
to be voted for at the	Election to be held on	(date of ele	ection).	
NAME:	4	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 5/2 FORMERLY KNOWN AS	10-5.1, complete the following (this information UNTIL NAME	CHANGED ON		
	all names during last 3 years)	(List date of each name ch		
NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1.			,lL	
2.			,IL	
3.			,IL	
4.			,IL	
5.			,IL	
6.	*		,IL	
7.			,IL	
8.			,IL	
9.			,IL	
10.			,IL	
State of) SS.			
		and the three lands of		, in the
I,City/Village/Unincorporated Area of	(Circulator's Name) do hereby	(if unincorporated, list munic	inality that provides po	stal service) (Zip
Code), County of of age and qualified to vote in Illinois), more than 90 days preceding the last signing were at the time of signing th	, State of that I am a citizen of the United State day of filing of the petitions and are e petition registered voters of the petition registe	that I an	n 18 years of age or ol sheet were signed in n v knowledge and belie	der (or 17 years ny presence, not f the persons so
respective residences are correctly sta	ated, as above set forth.		tage)	
		(Circula	ator's Signature)	
		1		
Signed and sworn to (or affirmed) by _	(Name of Circulator)	perore me, on(Ir	sert month, day, year)	
(SEAL)		(NI=4==- F	Public's Signature)	
	A. 1777 110		upilo a Digitatule)	
	SHEET NO			

Suggested Revised March 2020 SBE No. P-3

We, the undersigned, qualified voters in	the of	in the Co	ounty of	and
State of Illinois, do hereby petition that the				
to be voted for at the	Election to be held on	(date of ele	ection).	
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 FORMERLY KNOWN AS	i.1, complete the following (this information UNTIL NAME	will appear on the ballot) CHANGED ON		
(List all r	ames during last 3 years)	(List date of each name ch		
NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1.			,IL	
2.			,IL	
3.			,lL	
4.			,IL	
5.			,IL	
6.			,IL	
7.			,IL	
8.			,IL	
9.			,IL	
10.			,IL	
State of	_)			
County of) SS. _)			
L	(Circulator's Name) do hereby o	certify that I reside at		, in the
City/Village/Unincorporated Area of				
Code), County of of age and qualified to vote in Illinois), the	, State of, at I am a citizen of the United State	that I ames, and that the signatures on this	n 18 years of age or ol sheet were signed in n v knowledge and belie	der (or 17 years ny presence, not f the persons so
signing were at the time of signing the prespective residences are correctly states	etitlon registered voters of the pod, as above set forth.	pilitical division in which the candida	ate is seeking elective	onice, and then
		(Circula	tor's Signature)	
g was we d		h of any series		
Signed and sworn to (or affirmed) by	(Name of Circulator)	perore me, on(In	sert month, day, year)	
(SEAL)		(Notary P	ublic's Signature)	
	SHEET NO.			
	SHEET NO			

Suggested Revised March 2020 SBE No. P-3

We, the undersigned, qualified voters	in the of _	in the Co	ounty of	and
State of Illinois, do hereby petition that				
to be voted for at the	Election to be held on	(date of ele	ection).	
NAME:		OFFICE:		
ADDRESS – ZIP CODE:				
		A Full Term is sought, unless an unexpired t	erm is stated here: year	unexpired term
If required pursuant to 10 ILCS 5/10 FORMERLY KNOWN AS	0-5.1, complete the following (this information UNTIL NAME Il names during last 3 years)	will appear on the ballot) ECHANGED ON		
(List a				
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.		1	,IL	
10.			,IL	
State of	_			
County of) SS.)			
l,	(Circulator's Name) do hereby	certify that I reside at		, in the
City/Village/Unincorporated Area of		(if unincorporated, list munic	pality that provides po	stal service) (Zip
Code), County of of age and qualified to vote in Illinois), t more than 90 days preceding the last of signing were at the time of signing the respective residences are correctly state	, State of, hat I am a citizen of the United Starday of filing of the petitions and are petition registered voters of the petition regis	that I am tes, and that the signatures on this s genuine and that to the best of my	18 years of age or old sheet were signed in m knowledge and beliet	der (or 17 years by presence, not f the persons so
		(Circula	tor's Signature)	
Signed and sworn to (or affirmed) by	(Name of Circulator)	before me, on(Ins	sert month, day, year)	
(SEAL)		(1)	ublisio Cianatura	
		,	ublic's Signature)	
	SHEET NO	₩		

Suggested Revised March 2020 SBE No. P-3

We, the undersigned, qualified voters in	n the of _	in the Co	ounty of	and
State of Illinois, do hereby petition that the				
to be voted for at the	Election to be held on	(date of ele	ction).	
NAME:		OFFICE:		
ADDRESS – ZIP CODE:				
ADDITION IN CODE		A Full Term is sought, unless an unexpired to	erm is stated here: Vear	unexpired term
	5.4			
FORMERLY KNOWN AS	5.1, complete the following (this information	E CHANGED ON		
(List all	names during last 3 years) VOTER'S PRINTED	(List date of each name characteristics) STREET ADDRESS OR	CITY, TOWN OR	
(VOTER'S SIGNATURE)	NAME (optional)	RR NUMBER	VILLAGE	COUNTY
1.			,IL	
2,			,IL	
3.			,IL	
4.			,IL	
5.			,IL	
6.			,IL	
7.	1		,IL	
8.			,IL	
9.			,IL	
10.			,IL	
State of)			
County of) SS.			
				, in the
I,		certify that I reside at		
The state of the s				
Code), County of_ of age and qualified to vote in Illinois), th	, State of	that I am	18 years of age or old	der (or 17 years
more than 00 days preceding the last di	ay of filing of the netitions and are	e deniline and that to the dest of filv	Knowledge and belie	the beloning ac
signing were at the time of signing the last of respective residences are correctly state	petition registered voters of the p	olitical division in which the candida	te is seeking elective	office, and their
respective residences are correctly state	34, 45 455 45 55 15 16 16 16 16 16 16 16 16 16 16 16 16 16			
		(Circulat	tor's Signature)	
Signed and sworn to (or affirmed) by	(Name of Circulator)	before me, on (Ins	sert month, day, year)	
(SEAL)		(Notary Po	ublic's Signature)	
	SHEET NO			

Suggested Revised March 2020 SBE No. P-3

INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in	n the of _	in the C	ounty of	and
State of Illinois, do hereby petition that the				
to be voted for at the				
NAME:	4	OFFICE:		
ADDRESS – ZIP CODE:				
ADDITEGO - Eli GODE.		A Full Term is sought, unless an unexpired	torm is stated here: Vear	unevoired term
			term is stated note:	
FORMERLY KNOWN AS	5.1, complete the following (this information	E CHANGED ON		
	names during last 3 years)	(List date of each name characteristics) STREET ADDRESS OR	CITY, TOWN OR	
NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	RR NUMBER	VILLAGE	COUNTY
1.			,lL	
2.			,IL	
3.			,lL	
4.			,IL	
5.			ılL	
6.			,IL	
7.			,lL	
8.			,IL	
9.			,IL	
10.			,IL	
State of	1			
County of	_ / SS.			
W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Circulator's Nama) do hereby	certify that I reside at		, in the
City/Village/Unincorporated Area of				
Code), County of of age and qualified to vote in Illinois), th more than 90 days preceding the last day signing were at the time of signing the prespective residences are correctly state	ay of filing of the petitions and are petition registered voters of the p	e denijine and inal to the best of th	y Knowledge and belief	tile persons se
respective residences are correctly state	d, as above set forus.			
		(Circula	tor's Signature)	
Signed and sworn to (or affirmed) by	(Name of Circulator)	before me, on(In	sert month, day, year)	
(SEAL)				
(SEAL)		(Notary F	ublic's Signature)	

SHEET NO. _____

Suggested Revised March 2020 SBE No. P-3

INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in	n the of _	in the Co	ounty of	and
State of Illinois, do hereby petition that the				
to be voted for at the				
NAME:		OFFICE:	N	
ADDRESS - ZIP CODE:				
,		A Full Term is sought, unless an unexpired (term is stated here: year	unexpired term
FORMERLY KNOWN AS	5.1, complete the following (this informationUNTIL NAME	CHANGED ON		
	names during last 3 years)	(List date of each name ch	CITY, TOWN OR	
NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	RR NUMBER	VILLAGE	COUNTY
1.			,IL	
2.			,IL	
3.			,IL	
4.			,IL	
5.			,IL	
6.			,IL	
7.			,IL	
			,IL	
8.			,IL	
9.			,IL	
10.			ııL	
State of) SS.			
L	(Circulator's Name) do hereby	certify that I reside at		, in the
City/Village/Unlncorporated Area of	-:	(if unincorporated, list munic	ipality that provides po	stal service) (Zip
Code), County of, county of age and qualified to vote in Illinois), the more than 90 days preceding the last daysigning were at the time of signing the prespective residences are correctly states.	, State of, state of, at I am a citizen of the United States of filing of the petitions and are petition registered voters of the p	that I an	n 18 years of age or ole sheet were signed in m v knowledge and belie	der (or 17 years by presence, not f the persons so
		(Circula	ator's Signature)	
Signed and sworn to (or affirmed) by	(Name of Circulator)	before me, on(In	sert month, day, year)	
(SEAL)		(Notary P	'ublic's Signature)	

SHEET NO. _____

Ve, the undersigned, qualified voters in	the of _	in the Co	ounty of	an
tate of Illinois, do hereby petition that th	e following named person shall l	be an Independent Candidate for ele	ction to the office here	inafter specifie
be voted for at the	Election to be held on	(date of ele	ection).	
NAME:	8	OFFICE:		
ADDRESS – ZIP CODE:				
•		A Full Term is sought, unless an unexpired t	erm Is stated here: year	unexpired term
If required pursuant to 10 ILCS 5/10-5 FORMERLY KNOWN AS	.1, complete the following (this Informatio	n will appear on the ballot) E CHANGED ON		
(List all n	ames during last 3 years)	(List date of each name ch		
NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1.			,IL	
2.			,IL	
3.			,lL _.	
4.			,IL	
5.			,IL	
6.			,IL	
7			,IL	
8.			,IL,	
9.			,IL	
10.			,IL	
ate of)			
ounty of) SS.			
		certify that I reside at		, in the
ty/Village/Unincorporated Area of		(if unincorporated, list munic	pality that provides po	stal service) (2
The second secon				
age and qualified to vote in Illinois), the ore than 90 days preceding the last da gning were at the time of signing the p spective residences are correctly stated	y of filing of the petitions and ar etition registered voters of the p	e deniline and that to the best of thy	KIIOWIE dye and belie	I the persons
	<i>*</i>	(Circula)	tor's Signature)	
	T T	\5iiodid		
gned and sworn to (or affirmed) by	(Name of Circulator)	before me, on(In:	sert month, day, year)	
(SEAL)			Juliula Ciava tura	
		(Notary P	ublic's Signature)	
	SHEET NO			

Suggested Revised March 2020 SBE No. P-3

We, the undersigned, qualified voters in	the of _	in the Co	ounty of	and
State of Illinois, do hereby petition that the				
to be voted for at the	Election to be held on	(date of ele	ction).	
NAME:		OFFICE:		
ADDRESS – ZIP CODE:				
		A Full Term is sought, unless an unexpired t	erm is stated here:year	unexpired term
If required pursuant to 10 ILCS 5/10-5. FORMERLY KNOWN AS	1, complete the following (this information UNTIL NAME	n will appear on the ballot) E CHANGED ON		
	ames during last 3 years)	(List date of each name ch		
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.			
		certify that I reside at		, in the
City/Village/Unincorporated Area of				
Code), County of of age and qualified to vote in Illinois), tha	, State of, t I am a citizen of the United Sta	that I am tes, and that the signatures on this s	18 years of age or ole sheet were signed in me knowledge and belie	der (or 17 years by presence, not the persons so
signing were at the time of signing the perespective residences are correctly stated	etition registered voters of the p	olitical division in which the candida	te is seeking elective	office, and their
		(Circula	tor's Signature)	
		hoforo mo, on		
Signed and sworn to (or affirmed) by	(Name of Circulator)	belote file, off(Ins	sert month, day, year)	
(SEAL)				
(021,12)		(Notary Po	ublic's Signature)	
	SHEET NO			

Suggested Revised March 2020 SBE No. P-3

We, the undersigned, qualified voters i	n the of _	in the C	ounty of	and
State of Illinois, do hereby petition that t				
to be voted for at the	Election to be held on	(date of el	ection).	
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- FORMERLY KNOWN AS	-5.1, complete the following (this information UNTIL NAME	will appear on the ballot) E CHANGED ON		
	names during last 3 years)	(List date of each name cl		
NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1.			,lL	
2.			,IL	
3.			,lL	*
4.			,IL	
5.			,IL.	
6.			,IL:	-
7.			,IL	
8.			ilL	
9.			,IL	
10.			, ,IL	
State of)			
County of) SS.			
				la des
		certify that I reside at		
City/Village/Unincorporated Area of				
Code), County of_ of age and qualified to vote in Illinois), th	, State of	that I an	n 18 years of age or old	der (or 17 years
more than 90 days preceding the last day	ay of filing of the petitions and are	genuine and that to the best of my	y knowledge and bellet	the persons so
signing were at the time of signing the respective residences are correctly state	petition registered voters of the po	olitical division in which the candida	ate is seeking elective	office, and thei
		/Circula	tor's Signature)	
		Circuia	ioi s oignature/	
Signed and sworn to (or affirmed) by	(NI	before me, on(In	sert month, day year)	
	(Name of Circulator)	(III	sertmonus, uay, year j	
(SEAL)		(Notary P	ublic's Signature)	
	CHEET NO	•	asoo o.g.iataio/	
	SHEET NO			

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Suggested
Revised March 2020
SBE No. P-3

We, the undersigned, qualified voters	in the of _	in the C	ounty of	and
State of Illinois, do hereby petition that t	the following named person shall	be an Independent Candidate for el	ection to the office here	inafter specified
to be voted for at the	Election to be held on	(date of el	ection).	
NAME:		OFFICE:		
ADDRESS – ZIP CODE:		1		
		A Full Term is sought, unless an unexpired	term is stated here: year	unexpired term
If required pursuant to 10 ILCS 5/10- FORMERLY KNOWN AS	-5.1, complete the following (this informatio	n will appear on the ballot) E CHANGED ON		
	names during last 3 years)	(List date of each name c		
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.			
,	(Circulator's Name) do hereby	certify that I reside at		in the
city/Village/Unincorporated Area of				
Code), County of of age and qualified to vote in Illinois), th	at I am a citizen of the United Sta	ites, and that the signatures on this	sheet were signed in m	y presence, not
nore than 90 days preceding the last da igning were at the time of signing the p	ay of filing of the petitions and are	e genuine and that to the best of my olitical division in which the candida	/ knowledge and belief ate is seeking elective	the persons so office, and their
espective residences are correctly state			•	
		(Circula	tor's Signature)	
		Circula	ioi a oigilalule)	
Signed and sworn to (or affirmed) by	(Name of Classification)	before me, on	port month, day year	
	(INAME OF CITCULATOR)	(In	sert monur, day, year)	
(SEAL)		/Notes: D	ublic's Signature)	-
	OUTETALO	(Notary P	ublic's Signature)	
	SHEET NO.			

ATTACH TO	O PETITION	
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10 ILCS 5/7-10.1

(SEAL)

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

LOYALTY OATH (OPTIONAL)

United States of America State of Illinois)))	SS.				
I,			, do s	swear (or affirm) that I am	a citizen of the
United States and the State of Illinoi	s, that I	am not af	filiated o	directly or indire	ectly with ar	ny communist
organization or any communist front	organiza	ition, or an	y foreigi	n political ager	ncy, party, o	rganization or
government which advocates the over	erthrow (of constitu	tional go	overnment by f	force or other	er means not
permitted under the Constitution of the	United S	States or th	e Consti	tution of this Sta	ate; that I do	not directly or
indirectly teach or advocate the overth	nrow of t	the govern	ment of	the United Sta	tes or of this	s State or any
unlawful change in the form of the gov	ernment	s thereof b	y force o	or any unlawful	means.	
				(Signat	ture of Cand	idate)
Signed and sworn to (or affirm	ed) by	((Name o	of Candidate)		_ before me,
(insert month, day, year)						
			-	(Nota	ary Public's S	Signature)

CERTIFICATION OF DELETIONS

Election	a candidate for ele	at th).	(date of election	fice of	e one) to the off on
Line No.	Page No.	Line No.	Page No.	Line No.	Page No.

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.