





OFFICE OF PATRICK J. O'BRIAN, COUNTY CLERK & RECORDER 100 N. MAIN ST. P.O. BOX 226

Lewistown, Illinois 61542 Phone (309) 547-3041 ext. 117 pobrian@fultoncountyilelections.gov

CANDIDATES FOR MUNICIPAL OFFICE IN THE CITY OF CUBA. IL

Greetings,

This packet is for Candidates desiring to run for Municipal office in the City of Cuba in the April 1st, 2025 Consolidated Election. These materials <u>MUST BE FILED WITH THE CITY</u> <u>CLERK</u> beginning **November 12th-18th**. These <u>cannot</u> be filed in the Office of the County Clerk. The offices that are up for election, along with the petition signature requirements are listed below. Please read the paperwork carefully and ensure that all directions are followed, as stated on the documents. These are legally binding documents and the County Clerk's office cannot answer any questions pertaining to the content or requirements of the documents.

2-52

Cuba: 7-57 Mayor: 7-57 Clerk: 8-58 Treasurer: 7-57 Alderperson (Ward 1) 1-51 (Ward 2) 1-51

Respectfully,

Patrick J. O'Brian

(Ward 3)

Fulton County Clerk & Recorder

This institution is an equal opportunity provider and employer.

Fulton County does not discriminate in admission, access to, treatment or employment in programs or activities on the basis of a handicap in violation of §504 of the Rehabilitation Act.

Suggeste Revised March 202

INDEPENDENT CANDIDATE PETITION

	INDEPENDENT CA	INDIDATE PETITION		SBE No. P-
Ve, the undersigned, qualified voters in	n the of	in the C	County of	an
tate of Illinois, do hereby petition that the	ne following named person shall	l be an Independent Candidate for el	ection to the office here	inafter specifie
be voted for at the	Election to be held on	(date of el	ection).	
NAME:		OFFICE:		
ADDRESS – ZIP CODE:		_		
A SOLEGO EN GOSE.				
		A Full Term is sought, unless an unexpired	term is stated here: year	unexpired term
FORMERLY KNOWN AS		ME CHANGED ON		
(List all I	names during last 3 years) VOTER'S PRINTED	(List date of each name c	hange) CITY, TOWN OR	
(VOTER'S SIGNATURE)	NAME (optional)	RR NUMBER	VILLAGE	COUNTY
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7.			,IL	
8.			,IL	
9.			,IL	
10.			,IL	
itate of	_) _)			
County of				
ALCO 100 100 100 100 100 100 100 100 100 10	(Circulator's Name) do hereb	y certify that I reside at		, in the
city/Village/Unincorporated Area of		(if unincorporated, list munic	cipality that provides pos	stal service) (Zi
code), County of f age and qualified to vote in Illinois), th	, State of	that I ar	n 18 years of age or old	der (or 17 year
f age and qualified to vote in Illinois), the nore than 90 days preceding the last daigning were at the time of signing the paspective residences are correctly state	ay of filing of the petitions and a petition registered voters of the	are genuine and that to the best of m	y knowledge and belief	the persons s
		(Circula	ator's Signature)	_
tianed and every to (or officeed) his		hofors		
igned and sworn to (or affirmed) by	(Name of Circulator)	before me, on(In	sert month, day, year)	
(SEAL)				
(OLAL)		(Notary F	Public's Signature)	

INDEPENDENT CANDIDATE PETITION

vised	Mai	ch	202
			_

SBE No. P-Ve, the undersigned, qualified voters in the ______ of _____ in the County of _____ tate of Illinois, do hereby petition that the following named person shall be an Independent. Candidate for election to the office hereinafter specifie 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 PRINTED** STREET ADDRESS OR CITY, TOWN OR COUNTY (VOTER'S SIGNATURE) VILLAGE **RR NUMBER** NAME (optional) JL 2. .IL 3. ,IL ,JL 5. JI, JI, ,IL 8. ,IL 9. ,IL 10. JI, tate of SS. county of (Circulator's Name) do hereby certify that I reside at _____ ity/Village/Unincorporated Area of______(if unincorporated, list municipality that provides postal service) (Zi that I am 18 years of age or older (or 17 year code) _____, County of _____, State of _____ that I am 18 years of age or older (or 17 year f 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 the United States are the signatures of the United States and that the signatures of this sheet were signed in my presence, not the United States are the signatures of the United States and that the signatures of the United States are the signatures of the United States and that the signatures of the United States are the signature are the signatur nore 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 s igning were at the time of signing the petition registered voters of the political division in which the candidate is seeking elective office, and the espective residences are correctly stated, as above set forth. (Circulator's Signature) igned and sworn to (or affirmed) by _____ before me, on _____ (Name of Circulator) (Insert month, day, year) (SEAL) (Notary Public's Signature)

Suggeste Revised March 202

INDEPENDENT CANDIDATE PETITION

	INDEPENDENT CAI	NDIDATE PETITION		SBE No. P-
/e, the undersigned, qualified voters in	the of	in the C	ounty of	an
tate of Illinois, do hereby petition that the	e following named person shall	be an Independent Candidate for ele	ection to the office here	inafter specifie
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
FORMERLY KNOWN AS		ME CHANGED ON		
NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	(List date of each name of STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
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tate of))			
county of	_)			
	_ (Circulator's Name) do hereb	y certify that I reside at		, in the
ity/Village/Unincorporated Area of		(if unincorporated, list munic	cipality that provides pos	stal service) (Zi
code), County of f age and qualified to vote in Illinois), that nore than 90 days preceding the last day igning were at the time of signing the pre- espective residences are correctly stated	y of filing of the petitions and a etition registered voters of the	re genuine and that to the best of m	y knowledge and beliet	the persons s
		(Circula	ator's Signature)	
igned and sworn to (or affirmed) by		before me, on		
, , , , , , , , , , , , , , , , , , ,	(Name of Circulator)	(Ir	nsert month, day, year)	
(SEAL)		(Notary F	Public's Signature)	

SHEET NO. _____

INDEPENDENT CANDIDATE PETITION

Ve, the undersigned, qualified voters in	n the of	in the C	County of	an
state of Illinois, do hereby petition that th	e following named person shall be	e an Independent Candidate for el	ection to the office herei	nafter specifie
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 5/10-5 FORMERLY KNOWN AS	5.1, complete the following (this information UNTIL NAME	will appear on the ballot) 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
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itate of	_)			
County of) SS. _)			
	(Circulator's Name) do hereby o	certify that I reside at		, in the
city/Village/Unincorporated Area of				
code), County of f age and qualified to vote in Illinois), the				
f age and qualified to vote in Illinois), the nore than 90 days preceding the last datigning were at the time of signing the pespective residences are correctly state	ly of filing of the petitions and are petition registered voters of the po	genuine and that to the best of m	y knowledge and belief	the persons s
		(Circula	ator's Signature)	·
igned and sworn to (or affirmed) by		hafara ma an		
igned and event to for animical by	(Name of Circulator)	before me, on(In	sert month, day, year)	
(SEAL)				
,		(Notary P	ublic's Signature)	

	INDEPENDENT CA	NDIDATE PETITION		SBE No. P-
Ve, the undersigned, qualified voters in	the of	in the C	County of	an
tate of Illinois, do hereby petition that the	following named person shall	be an Independent Candidate for e	ection to the office here	inafter specifie
be voted for at the	Election to be held on	(date of e	lection).	
NAME:		OFFICE:		
ADDRESS – ZIP CODE:		_		
		A Full Term is sought, unless an unexpired	I term is stated here: year	unexpired term
	UNTIL NAI	ME CHANGED ON		
(List all na	mes during last 3 years) VOTER'S PRINTED	(List date of each name of STREET ADDRESS OR	CITY, TOWN OR	
(VOTER'S SIGNATURE)	NAME (optional)	RR NUMBER	VILLAGE	COUNTY
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county of	.)) SS.			
County of	.)			
	(Circulator's Name) do hereb	y certify that I reside at		, in the
city/Village/Unincorporated Area of		(if unincorporated, list muni	cipality that provides pos	stal service) (Zi
code), County of f age and qualified to vote in Illinois), that nore than 90 days preceding the last day igning were at the time of signing the pe espective residences are correctly stated	of filing of the petitions and a etition registered voters of the	are genuine and that to the best of m	ny knowledge and belief	the persons s
		(Circul	ator's Signature)	
igned and sworn to (or affirmed) by		before me, on		
agnor and owern to for animical by	(Name of Circulator)	(1	nsert month, day, year)	
(SEAL)		(Notary	Public's Signature)	

Suggeste Re SBE No. P-

INDEPENDENT CANDIDATE PETITION

vised	March	202
_	205	_

Ve, the undersigned, qualified voters in the ______ of ____ in the County of ____ tate of Illinois, do hereby petition that the following named person shall be an Independent. Candidate for election to the office hereinafter specifie be voted for at the _______Election to be held on _____(date of election). OFFICE: NAME: 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) **VOTER'S PRINTED** CITY, TOWN OR NAME STREET ADDRESS OR COUNTY **VILLAGE** (VOTER'S SIGNATURE) RR NUMBER NAME (optional) .IL JI. 3. JI. .IL .IL 6. ,IL 7. ,IL 8. ,IL 9. ,IL 10. ,IL itate of SS. (Circulator's Name) do hereby certify that I reside at City/Village/Unincorporated Area of_____ (if unincorporated, list municipality that provides postal service) (Zi code) _____, County of_____, State of_____ that I am 18 years of age or older (or 17 year f 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, no nore 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 s igning were at the time of signing the petition registered voters of the political division in which the candidate is seeking elective office, and the espective residences are correctly stated, as above set forth. (Circulator's Signature) signed and sworn to (or affirmed) by _____ _____before me, on _____ (Insert month, day, year) (Name of Circulator) (SEAL) (Notary Public's Signature) SHEET NO.

Suggeste Revised March 202

	INDEPENDENT CA	NDIDATE PETITION		SBE No. P-
Ve, the undersigned, qualified voters in	the of	in the	County of	an
state of Illinois, do hereby petition that the	e following named person shal	l be an Independent Candidate for	r election to the office here	nafter specifie
be voted for at the	Election to be held on _	(date o	f election).	
NAME:		OFFICE:		
ADDRESS – ZIP CODE:	·			
		A Full Term is sought, unless an unexp	ired term is stated here: year	unexpired term
If required pursuant to 10 ILCS 5/10-5. FORMERLY KNOWN AS		ion will appear on the ballot) ME CHANGED ON		
	ames during last 3 years)	(List date of each nam	·	
NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
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county of) SS. .)			
	(Circulator's Name) do hereb	y certify that I reside at		, in the
city/Village/Unincorporated Area of				
code), County of f age and qualified to vote in Illinois), tha	t I am a citizen of the United S	states, and that the signatures on the	his sheet were signed in m	y presence, no
nore than 90 days preceding the last day igning were at the time of signing the pe	of filing of the petitions and a etition registered voters of the output Description The petition is a second to the petition of the petition is a second to the pe	are genuine and that to the best of political division in which the can	f my knowledge and belief didate is seeking elective i	the persons s
espective residences are correctly stated		political arrival in military are sain	ardate to occurry orderive	Jinoo, and the
		(Circ	culator's Signature)	
signed and sworn to (or affirmed) by		before me, on		
	(Name of Circulator)		(Insert month, day, year)	
(SEAL)				

SHEET NO.

(Notary Public's Signature)

Suggeste Revi

INDEPENDENT CANDIDATE PETITION

ised		ch	202
9	SBE	No	. P-

Ve, the undersigned, qualified voters in the of		in the C	in the County of a			
tate of Illinois, do hereby petition that	the following named person shall b	e an Independent Candidate for el	ection to the office here	inafter specifie		
be voted for at the	Election to be held on	(date of el	ection).			
NAME:		OFFICE:				
ADDRESS – ZIP CODE:						
ADDITECT OF LINE						
		A Full Term is sought, unless an unexpired	term is stated here: year	unexpired term		
FORMERLY KNOWN AS	0-5.1, complete the following (this information UNTIL NAME					
	I 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		
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itate of)					
County of						
	(Circulator's Name) do hereby o					
city/Village/Unincorporated Area of	0	(if unincorporated, list munic	cipality that provides pos	stal service) (∠i		
code), County of f age and qualified to vote in Illinois), t	, State of hat I am a citizen of the United Stat	that I ar tes. and that the signatures on this	n 18 years of age or old sheet were signed in m	der (or 17 year v presence no		
fore than 90 days preceding the last o	day of filing of the petitions and are	genuine and that to the best of m	y knowledge and belief	the persons s		
igning were at the time of signing the espective residences are correctly stat		olitical division in which the candid	ate is seeking elective	office, and the		
		(Circula	ator's Signature)			
igned and sworn to (or affirmed) by		before me. on				
igned and sworn to (or affirmed) by	(Name of Circulator)	(Ir	sert month, day, year)			
(SEAL)						
\/		(Notary F	Public's Signature)			
	SHEET NO					

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, comple	ete 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)
TATE OF ILLINOIS) SS. ounty of)	
being first duly sworn ((or affirmed), say that I reside at
the City, Village, Unincorporated Area of	(if unincorporated, list municipality that
rovides postal service) Zip Code in the County	of, State of Illinois;
at I am a qualified voter therein, that I am a candidate for ele	ection to the office ofi
reto be vote ame of City, Village, Township, County, District or State)	ed upon at the election to be held on and that (date of election)
am legally qualified (including being the holder of any license t	hat may be an eligibility requirement for the office to which I seek election
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 a
equired by the Illinois Governmental Ethics Act and I hereby	request that my name be printed upon the official ballot for election
uch office.	
	(Signature of Candidate)
Signed and sworn to (or affirmed) by(Name of Can	before me, on didate) (insert month, day, year)
(SEAL)	(Notary Public's Signature)

AT	ГАСН	TO P	ETITION	

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.				
l,			, do sw	ear (or affirm)	that I am a	citizen of the
United States and the State of Illir	nois, that I	am not a	ıffiliated dir	ectly or indired	ctly with an	y communist
organization or any communist from	nt organiza	ation, or a	ny foreign	political agenc	y, party, or	ganization or
government which advocates the	overthrow	of constitu	utional gov	ernment by fo	rce or othe	r means not
permitted under the Constitution of t	he United (States or t	ne Constitu	tion of this Stat	te; that I do	not directly or
indirectly teach or advocate the over	erthrow of	the gover	nment of th	e United State	s or of this	State or any
unlawful change in the form of the g	jovernment	ts thereof	by force or	any unlawful m	neans.	
Signed and sworn to (or affi	irmed) by_		(Name of	(Signatu Candidate)	ure of Candi	date) _ before me,
on .			(rvanio oi	ourididate)		
(insert month, day, year)						
				(Notar	ry Public's S	ignature)
(SEAL)						

Statement of Economic Interest to be Filed with the County Clerk
Your Name Was Submitted For Filling By An Entity That You Represent
(Type or Print)

Na	ame:		
Ea	ch Office, Department, or Agency that Rec	quires you to File this Form and Each Job Title:	
Fu	ıll Mailing Address:		
Pr	eferred Email Address (optional):		
an rel au qu yo co the rev	d forms; and (2) investment and brokerage sta- lating either to political committees registered thorized committees registered with the Feder estions. Certain questions will ask you to repor ur spouse; or held jointly by, or payable to, you nsult your department's ethics officer, if applica- e form allows, please attach additional pages for	INSTRUCTIONS you in completing this form: (1) federal income tax returns tements. To complete this form, you do not need to disclose it with the Illinois State Board of Elections or to political of all Election Commission. The information you disclose will be to any applicable assets or debts held in, or payable to, you with your minor child. If you have any concerns about we able. Please ensure that the information you provide is come or your response. If you are subject to the State Officials and fore you file it. Failure to complete the statement in good	se specific amounts or values or report interests committees, principal campaign committees, or pe available to the public. You must answer all 7 or name; held jointly by, or payable to, you with whether an interest should be reported, please plete and accurate. If you need more space than d Employees Ethics Act, your ethics officer must
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.	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.		able to the general public, such as mortgages, studen ar year exceeding \$10,000, list the creditor of the deb	
the au far	e types of debts listed above, you do not need tomobiles, household furniture or appliances, mily, or debts to or from a political committee mmittee, or authorized committee registered	you, owed jointly by you with your spouse, or owed joint to report any debts to or from financial institutions or go as long as the debt was made on terms available to the gregistered with the Illinois State Board of Elections or any with the Federal Election Commission.	vernment agencies, such as debts secured by eneral public, debts to members of your
уо	is section will be returned to u when the Statement is filed th the County Clerk.	(COMPLETE BUT DO NOT DETACH)	Receipt is hereby acknowledged of your Statement of Economic Interests, filed pursuant to the Illinois Governmental Ethics Act. Statement was filed on:
(0	ffice, Department, or Agency for which thi	is Statement is filed)	
Na	ame:		
	ldress:		
Cit	ty, State, Zip:		

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.	5. 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 honorari 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		
tru wil	declare that this statement of economic interests (including any attac	TERIFICATION The chments has been examined by me and to the best of my knowledge and belief is a life by the Illinois Governmental Ethics Act. I understand that the penalty for 1,500 or imprisonment in a penal institution other than the penitentiary not to		
Pri	rinted Name of Filer:	Date:		
Sig	gnature:			
	this statement of economic interests requires ethics officer real	view prior to filing, the applicable ethics officer must complete the		
"lr	CERTIFICATION n accordance with law, as Ethics Officer, I reviewed this statement of	OF ETHICS OFFICER REVIEW economic interests prior to its filing."		
		Date:		
	ignature:			
	yers Printing Company Form 86219	(Source: P.A. 102-662, eff. 9-15-21; 102-664, eff. 1-1-22.		

DO NOT DETACH
(WILL BE RETURNED AS YOUR RECEIPT)