



COUNTY OF FULTON



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 **MUST BE FILED WITH THE CITY CLERK** beginning **November 12th-18th**. These **cannot** 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.

Cuba:

Mayor: _____ 7-57

Clerk: _____ 8-58

Treasurer: _____ 7-57

Aldersperson (Ward 1) _____ 1-51

_____ (Ward 2) _____ 1-51

_____ (Ward 3) _____ 2-52

Respectfully,

Patrick J. O'Brian

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.

INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the _____ of _____ in the County of _____ an
State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specifie
d 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 _____)
) SS.
County of _____)

_____ (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) (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
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 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
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)

INDEPENDENT CANDIDATE PETITION

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County of _____)

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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)

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)
) SS.
County of _____)

_____ 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)

_____**ATTACH TO PETITION**_____

10 ILCS 5/7-10.1

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

LOYALTY OATH
(OPTIONAL)

United States of America)
) SS.
State of Illinois)

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)

Statement of Economic Interest to be Filed with the County Clerk

Your Name Was Submitted For Filing By An Entity That You Represent
(Type or Print)

Name: _____

Each Office, Department, or Agency that Requires you to File this Form and Each Job Title:

Full Mailing Address: _____

Preferred Email Address (optional): _____

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.

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. 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.

This section will be returned to you when the Statement is filed with 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:

(Office, Department, or Agency for which this Statement is filed)

Name: _____

Address: _____

City, 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. 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 Filer: _____ Date: _____

Signature: _____