

2021 PRIMARY ELECTION

Nomination papers for the upcoming 2021 Primary Election are available for circulation.

Nominating petitions may be circulated beginning August 25, 2020. Filing dates for candidates seeking nomination at the Consolidated Primary Election on February 23, 2021 are **November 16-23, 2020**. Petitions may be filed with the City Clerk at City Hall offices on the following dates: November 16th, 17th, 18th, 19th, 20th and 23rd between the hours of 8:00 a.m. and 5:00 p.m.

Nomination papers can be picked up at the office of the City Clerk, 301 Walnut Street or are available below. Please note that the Statement of Economic Interest form must be filed with the Tazewell County Clerk at 11 S. 4th Street, Suite 203, Pekin, IL 61554. The County will mail you the receipt and a copy will need to be filed in the City Clerk's office with your nomination papers.

The 2021 Candidates Guide is available online at:

<https://www.tazewell.com/CountyClerk/images/Elections/2021-Candidates-Guide.pdf>

The Illinois Municipal League Candidate's Guide to Municipal Government is available online at:

<https://www.iml.org/file.cfm?key=14434>

The following elected seats will be open for nomination at the **February 23, 2021** Primary Election:

MAYOR – 4-YEAR TERM

CITY CLERK – 4-YEAR TERM

CITY TREASURER – 4-YEAR

ALDERMAN, WARD I – 4-YEAR TERM

ALDERMAN, WARD II – 4-YEAR TERM

ALDERMAN, WARD III – 4-YEAR TERM

ALDERMAN, WARD IV – 4-YEAR TERM

ALDERMAN, WARD IV – 2-YEAR UNEXPIRED TERM

Signature Requirements: (taken from page 30 of the 2021 Candidates Guide)

Non-Partisan:

City: For the Consolidated Election, not less than 5% nor more than 8% (or 50 more than the minimum, whichever is greater) of the number of persons who voted at the last regular election in the district or political subdivision in which such district or political subdivision voted as a unit for the election of officers to serve its respective territorial area. (10 ILCS 5/10-3, 10-3.1)

Required signatures taken from the Tazewell County Local Elections 2021 Catalog:

- Mayor – minimum 69 and maximum 119
- City Clerk – minimum 69 and maximum 119
- City Treasurer – minimum 69 and maximum 119
- Ward I – minimum 22 and maximum 72
- Ward II – minimum 18 and maximum 68
- Ward III – minimum 14 and maximum 64
- Ward IV – minimum 20 and maximum 70

If you have any questions, please contact Valeri Brod, City Clerk at 444-1137 during regular business hours. Monday – Friday, 8:00 a.m. – 5:00 p.m.

STATEMENT OF CANDIDACY

NONPARTISAN

NAME:	OFFICE: A Full Term is sought, unless an unexpired term is stated here: ____ year unexpired term
ADDRESS – ZIP CODE:	CITY, VILLAGE OR SPECIAL DISTRICT:

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 _____)

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 Nomination/

Election to the office of _____ in the _____
(Name of City, Village or Special District)

to be voted upon at the election to be held on _____ (date of election) and that I am legally qualified 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 Nomination/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)

CONSOLIDATED PRIMARY PETITION (NONPARTISAN - MUNICIPALITY OTHER THAN COMMISSION FORM)

We, the undersigned, qualified voters in the _____ of _____ in the County of _____ and State of Illinois, do hereby petition that the name of _____, who resides at _____ in the City, Town or Village of _____ Zip Code _____ County of _____ State of Illinois, be placed upon the ballot as a candidate for nomination for the office of _____ at the Consolidated Primary election to be held on _____ (date of primary election); provided that if no primary election is required, the candidate's name will appear on the ballot at the Consolidated Election for election to said office and term.

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)

SHEET NO. _____

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.

(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.

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**:

(CANDIDATE)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(Circulator)

(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.

SHEET NO. _____

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)

Statement of Economic Interests 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 or Position of Employment for which this Statement is Filed:

Full Post Office Address:

GENERAL DIRECTIONS

The interest (if constructively controlled by the person making the 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 more 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:

COMPLETE BUT DO NOT DETACH

This section will be returned to you when the Statement is filed with the County Clerk.

Office or Position of Employment for which this statement is filed

(Type or Print)

Name

Address

City/State/ZIP Code

Receipt is hereby acknowledged of your Statement of Economic Interests, filed pursuant to the Illinois Governmental Ethics Act. The Statement was filed on this date:

4. List the identity (including 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 that 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 that 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 Statement

Date

DO NOT DETACH
(WILL BE RETURNED AS YOUR RECEIPT)