

## CONSOLIDATED ELECTION – APRIL 1, 2025

### INDEPENDENT CANDIDATE

Nominating papers for Mayor, Village Clerk, and Three (3) Board of Trustees positions will be available for pick-up starting on Tuesday, August 20, 2024, in the Office of the Village Clerk, Village Hall, 5912 S. Adams Street, Bartonville, Illinois, Monday through Friday between the hours of 8:00 a.m. and 4:00 p.m.

1<sup>st</sup> day to turn in packet- 11/12/2024

Last day to turn in packet- 11/18/2024

#### DEFINING AN INDEPENDENT CANDIDATE

Independent candidates are defined as those individuals who are not candidates of any political party, but

who are candidates in an election at which party candidates appear on the ballot under the heading “Independent.” (10 ILCS 5/10-3)

**NOMINATION PAPERWORK** Independent candidates should follow the information contained in “Filing for Office” beginning on page 15 in preparing their nomination papers for filing.

Nomination papers must be filed in the office of the appropriate local election official or board of election

commissioners during the filing period.

Whenever the name of an independent candidate for an office is withdrawn or an independent candidate’s petition is declared invalid by an electoral board or upon judicial review, no vacancy in nomination for that office shall exist.

A vacancy in nomination contemplates a political party organization to fill it, but an independent candidate is not supported by a party structure. Therefore, vacancies for independent candidates cannot

be filled. (10 ILCS 5/10-7)

**Signature requirements**

**Independent:** 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

Bartonville

791 Ballots cast at the 4/04/23 election

**5%=40 signatures required.**

# Things to Remember for Candidate Filing:

## FILING DATES:

**Established Party: October 21-28, 2024** (Petitions may NOT be circulated prior to July 20, 2024.)

**Independent: November 12-18, 2024** (Petitions may NOT be circulated prior to August 20, 2024.)

**Filing address for  
petitions filed in-person  
in Bartonville.**



**The Village Hall staff does not provide  
legal advice to candidates.**

**VOB can  
provide  
notarization  
services.**

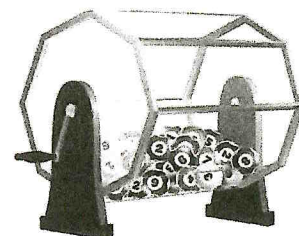


**Have your Statement  
of Economic Interest  
receipt ready.**

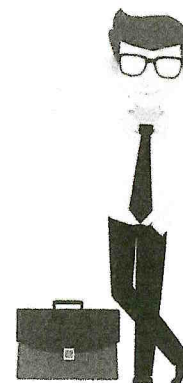
You may file at:  
[https://apps.peoriacounty.org/  
EconomicInterest/default.aspx](https://apps.peoriacounty.org/EconomicInterest/default.aspx)



**If you wish to be  
eligible for the  
opening hour  
lottery, you must  
be in line BY 8am.**



**Filers are asked to keep  
traffic to one person per  
petition.**



**Petitions must be  
bound in a suitable  
manner.**



You are strongly advised to obtain legal advice on the following subjects:

- (1) your legal qualifications for office;
- (2) the proper method for completing the petition forms with respect to the office;
- (3) the minimum number of signatures required; and
- (4) the qualifications of the signers and circulators, etc.

**The Village Hall staff does not provide legal advice to candidates.**

**For more information, consult the  
Candidate's Guide or visit  
[elections.il.gov](http://elections.il.gov)**

STATEMENT OF CANDIDACY

INDEPENDENT

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 election to the office of \_\_\_\_\_ in the \_\_\_\_\_ to be voted upon at the election to be held on \_\_\_\_\_ (date of election) and that \_\_\_\_\_ (Name of City, Village, Township, County, District or State)

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)

# 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  
to be voted for at the \_\_\_\_\_ Election to be held on \_\_\_\_\_ (date of election).

<b>NAME:</b>	<b>OFFICE:</b>
<b>ADDRESS - ZIP CODE:</b>	
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)

\_\_\_\_\_  
(Notary Public's Signature)

(SEAL)

# 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  
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 \_\_\_\_\_ )  
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)

# 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  
to be voted for at the \_\_\_\_\_ Election to be held on \_\_\_\_\_ (date of election).

<b>NAME:</b>	<b>OFFICE:</b>
<b>ADDRESS -- ZIP CODE:</b>	
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)

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)





## **STATE BOARD OF ELECTIONS STATE OF ILLINOIS**

### **ARTICLE 29B FAIR CAMPAIGN PRACTICES ACT**

**10 ILCS 5/29B-5. Purpose.** The Legislature hereby declares that the purpose of this Article is to encourage every candidate for public office in this State to subscribe to the Code of Fair Campaign Practices. It is the intent of the Legislature that every candidate for public office in this State who subscribes to the Code of Fair Campaign Practices will follow the basic principles of decency, honesty and fair play in order to encourage healthy competition and open discussion of issues and candidate qualifications and discourage practices that cloud issues or unfairly attack opponent. (Source: P.A. 86-873.)

**10 ILCS 5/29B-10. Code of Fair Campaign Practices.** At the time a political committee, as defined in Article 9, files its statement of organization, the State Board of Elections, in the case of a state political committee or a political committee acting as both a state political committee and a local political committee, or the county clerk, in the case of a local political committee, shall give the political committee a blank form of the Code of Fair Campaign Practices and a copy of the provisions of this Article. The State Board of Elections or county clerk shall inform each political committee that subscription to the Code is voluntary. The text of the code shall read:

**NOT TO BE ATTACHED TO PETITION**

# CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate for public office in the State of Illinois has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional right to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

## THEREFORE:

- (1) I will conduct my campaign openly and publicly, and limit attacks on my opponent to legitimate challenges to his record.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or his personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, sexual orientation, religion or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opposition.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our American system of free elections or that hampers or prevents the full and free expression of the will of the voters.
- (6) I will defend and uphold the right of every qualified American voter to full and equal participation in the electoral process.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this Code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Illinois or chairman of a political committee in support of or opposition to a question of public policy, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct my campaign in accordance with the above principles and practices.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Office Sought

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date of Election

\_\_\_\_\_  
Name of Political Committee