

**DECLARATION  
OF  
INTENT TO BE A WRITE-IN CANDIDATE**

To: \_\_\_\_\_ Connie Simmons \_\_\_\_\_ in the County of \_\_\_Jefferson\_\_\_\_\_ and State of Illinois.  
(Election Authority)

I, \_\_\_\_\_, state that I am a qualified primary elector of the \_\_\_\_\_  
Party (for use in primary only) and a resident of the \_\_\_\_\_ precinct of the (1)\* township of \_\_\_\_\_  
(2)\* City/Village of \_\_\_\_\_ or (3)\* \_\_\_\_\_ ward in the City of \_\_\_\_\_  
residing at \_\_\_\_\_ in such City, Village or Town, and State of Illinois, that It's  
my intention to be a \_\_\_\_\_ Party (for use in primary only) write-in candidate for the office of  
\_\_\_\_\_, full term or vacancy (circle one) at the \_\_\_Consolidated\_\_\_ election  
to be held on \_\_\_April 6, 2021\_\_\_ (date of election).

Under penalties as provided by law pursuant to 10 ILCS 5/29-10 the undersigned certifies  
that the statements set forth in this request are true and correct.

\*Fill in either (1), (2) or (3)

\_\_\_\_\_  
(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)

An original Declaration of Intent must be filed with *each* election authority  
[county clerk(s) or board(s) of election commissioners in the territory] not later  
than 61 days before the election.

STATEMENT OF CANDIDACY

NAME:	OFFICE:
ADDRESS – ZIP CODE:	A Full Term is sought, unless an unexpired term is stated here: _____ year unexpired term
	DISTRICT:
	PARTY:

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 Jefferson \_\_\_\_\_ )

I, \_\_\_\_\_ (Name of Candidate) 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 \_\_\_\_\_ Jefferson \_\_\_\_\_, State of Illinois; that I am a qualified voter therein and am a qualified Primary voter of the \_\_\_\_\_ Party; that I am a candidate for Nomination/Election to the office of \_\_\_\_\_ in the \_\_\_\_\_ District, to be voted upon at the primary election to be held on April 6, 2021 \_\_\_\_\_ (date of election) and that I am legally qualified (including being the holder of any license that may be an eligibility requirement for the office to which I seek the nomination) 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 \_\_\_\_\_ (Name of Party) Primary ballot for Nomination/Election for 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)

STATEMENT OF CANDIDACY

NONPARTISAN

NAME:	OFFICE: <small>A Full Term is sought, unless an unexpired term is stated here: ____ year unexpired term</small>
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 Jefferson )

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 Jefferson, 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 April 6, 2021 (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)

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 \_\_Jefferson \_\_\_\_\_ )

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 \_\_Jefferson\_\_\_\_\_, 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 \_\_April 6, 2021\_\_\_\_ 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)

**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:

\_\_\_\_\_

\_\_\_\_\_

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**COMPLETE BUT DO NOT DETACH**

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

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:

Office or Position of Employment for which this statement is filed

(Type or Print)

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP Code \_\_\_\_\_

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:

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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:

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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.)

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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:

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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:

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#### 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

Printed by authority of the State of Illinois. August 2007 — 80M — I-107.8

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**DO NOT DETACH**  
**(WILL BE RETURNED AS YOUR RECEIPT)**