

**CITY OF FAIRVIEW HEIGHTS
CONSOLIDATED ELECTION**

APRIL 4, 2017

The Consolidated Election for the City of Fairview Heights will be held for ONE (1) ALDERMAN from each of the Five Wards.

First day to circulate petitions: September 20, 2016
First day to file: December 12, 2016 - 8:30 A.M.
Last day to file: December 19, 2016 - 5:00 P.M.
Last day to file objections: December 27, 2016 - 5:00 P.M.
Last day to withdraw: January 26, 2017 - 5:00 P.M.

Total number of ballots cast - 2015 CITY ELECTION FOR ALDERMEN:

WARD I	-	893	WARD IV	-	685
WARD II	-	485	WARD V	-	461
WARD III	-	584			

The minimum number of Required Signatures of Qualified Voters is 5%. The maximum number of required signatures of Qualified Voters can be one of two figures, whichever of those two is greater; Either 8% of the Qualified Voters OR the Minimum plus 50.

Statement of Economic Interest must be filed in the County Clerk's Office and the receipt must be presented to the City Clerk's Office on or before the last day of filing.

Poll Watchers Credentials may be picked up in the County Clerk's Office two weeks prior to the Election.

Copies of the State of Illinois Candidates Guide 2017 may be obtained from the State Board of Elections website at: <http://www.elections.il.gov>

**EACH CANDIDATE SHOULD MAKE THEIR OWN CALCULATIONS UPON
WHICH THEY SHOULD RELY**

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)

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

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)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
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5		IL	
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8		IL	
9		IL	
10		IL	
11		IL	
12		IL	
13		IL	
14		IL	
15		IL	

State of _____)
County of _____) SS.

I, _____ (Circulator's Name) do hereby certify that I reside at _____ in the City/Village/Unincorporated Area (circle one) 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 for 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 that 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)

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