



Statement of Economic Interests Form

Instructions, Receipt and FAQ

CANDIDATES ONLY

Instructions

- You may find the following documents helpful in completing this form:
 - ➔ Federal income tax returns.
 - ➔ Including any related schedules, attachments, and forms.
 - ➔ Investment and brokerage statements.
- To complete this form, you do not need to...
 - ➔ Disclose specific amounts or values.
 - ➔ Report interests relating to political committees registered with the Illinois State Board of Elections, or 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 (*See the State Officials and Employees Ethics Act, 5 ILCS 430*).
 - ➔ Please ensure that the information you provide is complete and accurate.
 - ➔ All filers, **including candidates**, without ethics counsel should consult an attorney.
 - ➔ The Cook County Clerk cannot provide legal advice.
- 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.

Receipt of Statement of Economic Interests Form (CANDIDATES ONLY)

1. **Complete** the receipt information below.
2. **Bring this page**, with your completed Statement of Economic Interests Form, to the Cook County Clerk's office to be stamped and filed.

➤ List each office or position of employment for which this statement is filed below:

.....

.....

- Receipt is hereby acknowledged of your Statement of Economic Interests.
- ➔ Filed pursuant to the Illinois Governmental Ethics Act.
 - ➔ Filed as of this date.

Name: _____

*Cook County Stamp
Here*

Address: _____

City: _____ State: _____ Zip: _____

FAQ

The Statement of Economic Interest, required by law to be filed by candidates for office, elected officials and certain government employees, has been changed by state law. There are new questions and requirements for disclosure.

➤ See ILCS 5 ILCS 420/Article 4a for a full list of specific legal filing requirements

To assist in completing a Statement of Economic Interest, the following information may be helpful:

- The law requires filers to disclose certain types of assets and debts.
 - **Assets that are subject to the requirements of disclosure** include stocks, bonds, sector mutual funds, sector exchange traded funds, real estate investments, beneficial interest in trusts, business interests and partnership interests.
 - **Assets that are NOT subject to the requirements of disclosure** include personal residences, personal vehicles, savings or checking accounts, bonds notes or securities issued by any branch of the government, Medicare benefits, inheritances, or bequests (other than beneficial interest in trusts), diversified funds, annuities, pensions, retirement accounts, qualified college savings plans, tax exempt disability plans, and tangible personal property.
 - **Debts that are subject to the requirements of disclosure** include any money or monetary obligation owed at any time during the preceding calendar year to an individual, company or other organization, personal loans from friends or business associates, business loans made outside a lender's regular course of business, and loans made below market interest rates.
 - **Debts that are NOT subject to the requirements of disclosure** include loans from a financial institution, government agency, or business entity that are granted on terms made available to the general public, mortgages, student loans, credit card debts or car loans.
- The definition of "[f]amily" includes a filer's spouse, children, stepchildren, parents, stepparents, siblings, step-siblings, sons and daughters in law, grandparents, grandchildren, as well as parents and grandparents of the filer's spouse, and any person living with the filer.
- This information is for informational purposes only.
 - All legal duties arise from the statutory language in ILCS 5 ILCS 420/Article 4a.

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.

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.....

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."

Name of Filer (print): _____

Date: _____

Signature: _____

Certification of Ethics Officer Review (State of Illinois Only)

If this Statement of Economic Interests requires ethics officer review prior to filing, the applicable ethics officer must complete the following: "In accordance with law, as Ethics Officer, I reviewed this Statement of Economic Interests prior to its filing."

Printed Name of Ethics Officer: _____ Date: _____

Preferred email address (optional): _____ Signature: _____

ATTACH TO PETITION

10 ILCS 5/7-10.1

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

L O Y A L T Y O A T H
(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 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)

**NONPARTISAN PETITION
(NON-MUNICIPAL AND COMMISSION FORM OF MUNICIPALITY)**

We, the undersigned, qualified voters in the _____ in the
(unit of government)
County of _____ and State of Illinois, do hereby petition that the following named person shall be a Nonpartisan
Candidate for election to the office hereinafter specified, in the aforesaid unit of government, to be voted for at the election to be held
on _____ (date of election).

| | |
|---|----------------|
| NAME: | OFFICE: |
| ADDRESS: | |
| 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)

**NONPARTISAN PETITION
(NON-MUNICIPAL AND COMMISSION FORM OF MUNICIPALITY)**

We, the undersigned, qualified voters in the _____ in the
(unit of government)
County of _____ and State of Illinois, do hereby petition that the following named person shall be a Nonpartisan
Candidate for election to the office hereinafter specified, in the aforesaid unit of government, to be voted for at the election to be held
on _____ (date of election).

| | |
|-----------------|---|
| NAME: | OFFICE: |
| ADDRESS: | 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)

**NONPARTISAN PETITION
(NON-MUNICIPAL AND COMMISSION FORM OF MUNICIPALITY)**

We, the undersigned, qualified voters in the _____ in the
(unit of government)
County of _____ and State of Illinois, do hereby petition that the following named person shall be a Nonpartisan
Candidate for election to the office hereinafter specified, in the aforesaid unit of government, to be voted for at the election to be held
on _____ (date of election).

| | |
|-----------------|---|
| NAME: | OFFICE: |
| ADDRESS: | 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)

**NONPARTISAN PETITION
(NON-MUNICIPAL AND COMMISSION FORM OF MUNICIPALITY)**

We, the undersigned, qualified voters in the _____ in the
(unit of government)
County of _____ and State of Illinois, do hereby petition that the following named person shall be a Nonpartisan
Candidate for election to the office hereinafter specified, in the aforesaid unit of government, to be voted for at the election to be held
on _____ (date of election).

| | |
|-----------------|---|
| NAME: | OFFICE: |
| ADDRESS: | 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)

**NONPARTISAN PETITION
(NON-MUNICIPAL AND COMMISSION FORM OF MUNICIPALITY)**

We, the undersigned, qualified voters in the _____ in the
(unit of government)
County of _____ and State of Illinois, do hereby petition that the following named person shall be a Nonpartisan
Candidate for election to the office hereinafter specified, in the aforesaid unit of government, to be voted for at the election to be held
on _____ (date of election).

| | |
|---|----------------|
| NAME: | OFFICE: |
| ADDRESS: | |
| 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)