TO ALL CANDIDATES – FOR ELECTION OF VILLAGE PRESIDENT/TRUSTEE, April 9, 2013

- Candidates must file with the Village Clerk a Statement of Candidacy and nominating petitions. The petitions must have at least 78 signatures and, it is suggested that they contain no more than 128 signatures of individuals registered to vote in Barrington Hills. The signatures can be from registered voters residing in any of the four counties within Barrington Hills (Cook, Lake, McHenry and Kane). The first day petitions may be passed for signature gathering is September 25, 2012.

- A Statement of Economic Interest must be filed with the Cook County Clerk, even if the Candidate lives in another County. The Statement must be filed before December 24, 2024. The candidate must file the receipt of filing with the County Clerk with the Village Clerk by no later than December 24, 2012. Statements of Economic Interest must be filed yearly by all elected officials.

- Petition filing begins at 9:00 a.m. on December 17, 2012 and ends at 5:00 p.m. on December 24, 2012. File all papers with the Village Clerk at the Village Hall. There will be a lottery for position on the ballot if more than one candidate files at the same time. Lottery time and date to be scheduled and announced later.

- If you are considering running for an elected position with the Village of Barrington Hills, you are strongly advised to consult The Candidate's Guide for 2013, which is provided by the State Board of Elections and is available at www.elections.il.gov.

DISCLAIMER: THE VILLAGE CLERK MAKES NO REPRESENTATIONS REGARDING THE ACCURACY OF THE ABOVE INFORMATION OR THE VALIDITY OF ANY FORMS OBTAINED FROM THE CLERK. EACH CANDIDATE IS ADVISED TO CONSULT WITH AN ATTORNEY FAMILIAR WITH THE ELECTION LAWS TO COMPLY THEREWITH.

I-107.4

STATEMENT OF ECONOMIC INTERESTS
TO BE FILED WITH THE COUNTY CLERK

(TYPE OR HAND PRINT)

_____
(name)

_____
(office or position of employment for which this statement is filed)

_____
(full post office address to which notification of an examination of this statement should be sent)

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 additional space is needed, please attach supplemental listing.**

1. List the name and instrument of ownership in any entity doing business with the 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

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 of government in relation to which the person is required to file) and the nature of the entity to which they were rendered if fees exceeding $5,000 were received during the preceding calendar year from the entity for professional services rendered by the person making the statement. ("Professional services" means services rendered in the practice of law, accounting, engineering, medicine, architecture, dentistry or clinical psychology.)

_____

_____

(COMPLETE BUT DO NOT DETACH)

This will be returned to you when statement is filed in the office of 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 as of this date.

_____
(office or position of employment for which this statement is filed)

TYPE OR HAND PRINT

_____
Name

_____
Address

_____
City State Zip Code

4. List the identity (including the 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 which has applied to the 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 the 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 which employed the person making the statement during the preceding calendar year other than the unit 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 the statement) (date)

DO NOT DETACH

(WILL BE RETURNED AS YOUR RECEIPT)

_____ATTACH TO PETITION_____

10 ILCS 5/10-5, 10-5.1

Suggested
Revised July, 2007
SBE P-1B

STATEMENT OF CANDIDACY

INDEPENDENT

NAME	ADDRESS-ZIP CODE	OFFICE	CITY, VILLAGE, TOWNSHIP, COUNTY, DISTRICT OR STATE

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)

STATE OF ILLINOIS)
) SS.
County of _____)

I, _____ being first duly sworn (or affirmed), say that I reside at _____, in the City, Village, Unincorporated Area (circle one) 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
Name of City, Village, Township, County, District or State
voted upon at the election to be held on _____ (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 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)

10 ILCS 5/10-3, 10-4, 10-5.1 X...BIND HERE...X Suggested Revised May, 2009

INDEPENDENT CANDIDATE PETITION

SBE No. P-3

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
1		IL	
2		IL	
3		IL	
4		IL	
5		IL	
6		IL	
7		IL	
8		IL	
9		IL	
10		IL	
11		IL	
12		IL	
13		IL	
14		IL	
15		IL	

State of _____)
) SS.
County of _____)

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, 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)

SHEET NO. _____

10 ILCS 5/10-3, 10-4, 10-5.1 X...BIND HERE...X Suggested Revised May, 2009

INDEPENDENT CANDIDATE PETITION

SBE No. P-3

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
1		IL	
2		IL	
3		IL	
4		IL	
5		IL	
6		IL	
7		IL	
8		IL	
9		IL	
10		IL	
11		IL	
12		IL	
13		IL	
14		IL	
15		IL	

State of _____)
) SS.
County of _____)

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, 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)

SHEET NO. _____

10 ILCS 5/10-3, 10-4, 10-5.1 **X...BIND HERE...X** Suggested Revised May, 2009

INDEPENDENT CANDIDATE PETITION

SBE No. P-3

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
1			IL	
2			IL	
3			IL	
4			IL	
5			IL	
6			IL	
7			IL	
8			IL	
9			IL	
10			IL	
11			IL	
12			IL	
13			IL	
14			IL	
15			IL	

State of _____)
) SS.
County of _____)

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, 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)

SHEET NO. _____

10 ILCS 5/10-3, 10-4, 10-5.1 X...BIND HERE...X Suggested Revised May, 2009

INDEPENDENT CANDIDATE PETITION

SBE No. P-3

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 _____ (List all names during last 3 years) UNTIL NAME CHANGED ON _____ (List date of each name change)

NAME (VOTER'S SIGNATURE)	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	
11		IL	
12		IL	
13		IL	
14		IL	
15		IL	

State of _____)
) SS.
County of _____)

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, 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 _____ (Name of Circulator) before me, on _____. (insert month, day, year)

(SEAL)

_____
(Notary Public's Signature)

SHEET NO. _____

10 ILCS 5/10-3, 10-4, 10-5.1 X...BIND HERE...X Suggested Revised May, 2009

INDEPENDENT CANDIDATE PETITION

SBE No. P-3

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
1				IL	
2				IL	
3				IL	
4				IL	
5				IL	
6				IL	
7				IL	
8				IL	
9				IL	
10				IL	
11				IL	
12				IL	
13				IL	
14				IL	
15				IL	

State of _____)
) SS.
County of _____)

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, 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)

SHEET NO. _____

10 ILCS 5/10-3, 10-4, 10-5.1 X...BIND HERE...X Suggested Revised May, 2009

INDEPENDENT CANDIDATE PETITION

SBE No. P-3

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
1		IL	
2		IL	
3		IL	
4		IL	
5		IL	
6		IL	
7		IL	
8		IL	
9		IL	
10		IL	
11		IL	
12		IL	
13		IL	
14		IL	
15		IL	

State of _____)
) SS.
County of _____)

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, 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)

SHEET NO. _____

10 ILCS 5/10-3, 10-4, 10-5.1 X...BIND HERE...X Suggested Revised May, 2009

INDEPENDENT CANDIDATE PETITION

SBE No. P-3

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
1		IL	
2		IL	
3		IL	
4		IL	
5		IL	
6		IL	
7		IL	
8		IL	
9		IL	
10		IL	
11		IL	
12		IL	
13		IL	
14		IL	
15		IL	

State of _____)
) SS.
County of _____)

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, 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)

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)

10 ILCS 5/7-10, 8-8, 10-3

Suggested
Revised July, 2004
SBE No. P-2A

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.

10 ILCS 5/7-12, 10-7

Suggested
Revised July, 2004
SBE No. P-25

WITHDRAWAL OF CANDIDACY

I, _____ (Name of Candidate) being first duly sworn, say that I reside at _____ in the City/Village of _____, County of _____ and State of Illinois; that I am the same person whose name is subscribed hereto in whose behalf nomination papers were filed for the office of _____, _____ district, _____ Party, and I hereby withdraw as a candidate for said office and respectfully request that my name **NOT** be printed upon the official ballot as a candidate for the _____ Election to be held on _____ (date of election).

_____
SIGNATURE OF CANDIDATE

STATE OF _____)
) SS.
COUNTY OF _____)

I, _____, a Notary Public, in and for said County and State aforesaid, do hereby certify that _____ personally known to me to be the same person whose name is subscribed to in the foregoing withdrawal, appeared before me in person this day and acknowledged that he/she signed the said instrument as his free and voluntary act of his/her own will and accord.

Signed and sworn to (or affirmed) by _____ before me on
(Name of Candidate)
_____ .
(insert month, day, year)

(SEAL)

_____
(Notary Public's Signature)

Withdrawal is filed with the office where original nominating petition or certificate of nomination was filed. Upon receipt, the local election official must issue amended certification to each election authority who prepares ballots for the political subdivision.