2025 CONSOLIDATED ELECTION



The following offices are to be elected in the April 1, 2025, Consolidated Election:

Mayor – 4-year term

Trustee – 4-year term

Trustee – 4-year term

Trustee – 4-year term

2025 CONSOLIDATED ELECTION PACKET

☐ Statement of Candidacy
☐ Loyalty Oath
Statement of Economic Interest
Independent Candidate Petition

Petition filing will begin on November 12, 2024, at 9:00 a.m. and will end on November 18, 2024, at 5:00 p.m. Candidates **MUST** file paperwork with the Village Clerk during normal posted business hours. Packets cannot be accepted before or after these dates.

Business Hours

Monday – Friday

9:00 a.m. to 5:00 p.m.

Closed daily from 1:00 p.m. to 2:00 p.m.

Name order on the ballot will be in order of acceptance. Once the petition packets have been accepted, no changes can be made.

Additional information can be found at https://www.elections.il.gov/

This information is offered as a courtesy to the public. The Village of Greenview and the Village Clerk make no representations regarding the accuracy or validity of this information. Candidates should consult with an attorney before acting based upon this information. Anyone who uses this information or these forms does so at his or her own risk. For further information, candidates should consult an attorney or the Illinois State Board of Elections.

Suggested Revised March 2020 SBE No. P-1

STATEMENT OF CANDIDACY

NAME:		OFFICE:		
ADDRESS – ZIP CODE:		A Fuil Term is sought, ur	nless an unexpired term is s	tated here:year unexpired term
		DISTRICT:		
		PARTY:		
If required pursuant to 10 ILCS 5/7-10.2, 8-8.1	or 10-5.1, complete t	the following (this info	rmation will appear or	n the ballot)
FORMERLY KNOWN AS(List all names du	lring last 3 years)	JNTIL NAME CHANG	GED ON(List date	of each name change)
STATE OF ILLINOIS) County of)	SS.			
		· · · · · · · · ·	•	affirmed), say that I reside
at				
if unincorporated, list municipality that provide		•		-
, Sta	te of Illinois; that I	am a qualified vote	r therein and am a	qualified Primary voter of the
	Party; that I a	m a candidate	for Nomination/Ele	ction to the office of
in	the	District, to be	voted upon at the p	orimary election to be held on
(date of e	lection) and that I	am legally qualified	d (including being t	the holder of any license that
may be an eligibility requirement for the offi	ce to which I seek	the nomination) to	hold such office a	and that I have filed (or I will
ile before the close of the petition filing	period) a Stateme	nt of Economic Int	erests as required	by the Illinois Governmental
Ethics Act and I hereby request that my n	iame be printed u	pon the official		(Name of Party)
Primary ballot for Nomination/Election for su	ch office.			
			(Signature of Cano	aldate)
Signed and sworn to (or affirmed) by			before me, on	
	(Name of Ca	andidate)		(insert month, day, year)
(SEAL)		(No	tary Public's Signat	ture)

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.			
	,				
l,	Shining St.		, do swear (or affir	m) that I am a	a citizen of the
United States and the State o	f Illinois, that I a	am not affilia	ated directly or inc	directly with ar	ny communist
organization or any communist	t front organizat	ion, or any f	foreign political ag	ency, party, o	rganization or
government which advocates	the overthrow o	of constitution	nal government by	force or other	er means not
permitted under the Constitutior	າ of the United S	tates or the C	Constitution of this	State; that I do	not directly or
indirectly teach or advocate the	overthrow of the	ne governme	ent of the United S	tates or of this	s State or any
unlawful change in the form of t	he governments	thereof by f	orce or any unlawf	ul means.	
				,	
			(Sigr	nature of Cand	lidate)
5 : 1 1 4 4	56 N				
Signed and sworn to (o	r affirmed) by	(N:	ame of Candidate)		_ before me,
on(insert month, day, year)	<u>.</u> .				
(insert month, day, year)					
			(N	otary Public's	Signature)
(SEAL)					

Statement of Economic Interests to be Filed with the Menard County Clerk

Check this box if you would like a receipt mailed to you after (Typically, this is only necessary for individuals filing as a cand	the statement is filed by the County Clerk's Office: idate in the current year.)	Yes
NAME AND MAILING ADDRESS:		
INSTRUCTIONS:		
You may find the following documents helpful to you in complet (1) federal income tax returns, including any related sche (2) investment and brokerage statements. To complete this form, you do not need to disclose spec committees registered with the Illinois State Board of Elect authorized committees registered with the Federal Election Co. The information you disclose will be available to the public. You must answer all 7 questions. Certain questions will ask yname; held jointly by, or payable to, you with your spouse; or h concerns about whether an interest should be reported, please Please ensure that the information you provide is complete attach additional pages for your response. Fallure to complete subject you to fines, imprisonment, or both.	dules, attachments, and forms; and ific amounts or values or report interests relating eli ions or to political committees, principal campaign mmission. you to report any applicable assets or debts held in, or relationally by, or payable to, you with your minor child. c consult your department's ethics officer, if applicable, e and accurate. If you need more space than the forn	committees, or payable to, your If you have any
BASIC INFORMATION:		
Office, department, or agency that requires you to file this form	n and your job title:	
Other offices, departments, or agencies that require you to file		agencles or
entities you file for in another county):		
Preferred e-mail address (optional):		
QUESTIONS:		
 if you have any single asset that was worth more than \$10 payable to, your name, held jointly by, or payable to, you we child, list such assets below. In the case of investment real estif you do not have any such assets, list "none" below. 	ith your spouse, or held jointly by, or payable to, you v	vith your minor
Excluding the position for which you are required to file this reported during the preceding calendar year. If you sold an a calendar year, list the name of the asset and the transaction sources of income or assets, list "none" below.	isset that produced more than \$7,500 in capital gains in	n the preceding
Source of Income / Name of Asset	Date Sold (if applicable)	

3.	owed any single debt in the preceding calendar year exceeding debts, list "none" below. List the creditor for all applicable debts owed by you, owed join child. In addition to the types of debts listed above, you do government agencies, such as debts secured by automobiles, it terms available to the general public, debts to members of you	blic, such as mortgages, student loans, and credit card debts, if you ng \$10,000, list the creditor of the debt below. If you had no such ntly by you with your spouse, or owed jointly by you with your minor on not need to report any debts to or from financial institutions or household furniture or appliances, as long as the debt was made on our family, or debts to or from a political committee registered with principal campaign committee, or authorized committee registered
4.	 List the name of each unit of government of which you or you preceding calendar year other than the unit or units of govern of the position or nature of the contractual services. 	r spouse were an employee, contractor, or office holder during the ment in relation to which the person is required to file and the title
	Name of Unit of Government	Title or Nature of Services
5,	with any unit of government in the State of Illinois, list the name	member of your family is known to you to be a lobbyist registered ne of the lobbyist below and identify the nature of your relationship with a lobbyist or a family member known to you to be a lobbyist list "none" below.
	Name of Lobbyist	Relationship to Filer
6.	or in the aggregate in excess of \$500 received during the prec	he source of a gift or gifts, or honorarium or honoraria, valued singly reding calendar year and the type of gift or gifts, or honorarium or mily that was not known to be a lobbyist registered with any unit of "none" below.
7.	List the name of any spouse or immediate family member living in this State and the name of the public utility that employs the	with the person making this statement employed by a public utility e relative.
	Name and Relation	Public Utility
kno Eth	/ERIFICATION: "I declare that this statement of economic interests (including nowledge and belief is a true, correct and complete statement of	any attachments) has been examined by me and to the best of my of my economic interests as required by the Illinois Governmental alse or incomplete statement is a fine not to exceed \$2.500 or
Pr	Printed Name of Filer:	
D	Date:S	ignature:

...DIND HEKE...Y

Suggested Revised March 2019 SBE No. P-5

We, the undersigned, qualified voters in the	ofof	in the Co	ounty of	and
State of Illinois, do hereby petiti	in the City Town or Villa	and of	, wh	o resides at •
County of	State of Illinois be n	laced upon the hallot as a cand	ZID Coo	10
election), provided that if no primary elec	tion is required, the candidate's i	name will appear on the ballot at the	ne Consolidated Election	uate of primary n for election to
said office and term.	, , , , , , , , , , , , , , , , , , , ,		io policoliadiod Flocilo	ii ioi election (o
A Full Term is sought, unless an unexp	oired term is stated here:	year unexpired term		
If required pursuant to 10 ILCS 5/	10-5.1, complete the following (this in	formation will appear on the ballot)		
FORMERLY KNOWN AS	UN.	TIL NAME CHANGED ON		
NAME (Lis	st all names during last 3 years) VOTER'S PRINTED	(List date	of each name change)	
(VOTER'S SIGNATURE)	NAME (optional)	RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1.			,IL	
2.			,IL	<u>, , , , , , , , , , , , , , , , , , , </u>
3.			,lL	· · · · · · · · · · · · · · · · · · ·
4.			,IL	
5.		1	,IL	
6.			,IL	
7.			,ſL	the second secon
8.			,lL	
9.			,lL	
10.			,IL	
State of	\			3
State of	ss.			
Sounty of	_)			
1	_(Circulator's Name) do hereby o	certify that I reside at		, in the
City/Village/Unincorporated Area of	W	(if unincorporated, list municipal	lity that provides postal	service) (Zip
Code) . County of	. State of	that Lam	18 years of ago or oldo	v /on 47
Code), County of age and qualified to vote in Illinois), that I	am a citizen of the United State	s, and that the signatures on this	sheet were signed in m	ly presence, no
more than 90 days preceding the last day signing were at the time of signing the pe	of filling of the petitions and are	genuine and that to the best of m	v knowledge and helie	f the persons so
espective residences are correctly stated	, as above set forth.	and an analytic at which the canale	arc is seeming elective	onice, and then
		(Circulate	or's Signature)	
Signed and sworn to (ar affirmed) by		hafara ma		
Signed and sworn to (or affirmed) by	(Name of Circulator)	belote me, on(Ir	nsert month, day, year)	
(SEAL)				- 14
		•	Public's Signature)	
	SHEET NO			

....BIND UEVE'''Y

Suggested Revised March 2019 SBE No. P-5

Ve, the undersigned, qualified voters in t	he of	in the Co	ounty of	and
State of Illinois, do hereby petit	tion that the name of		, wh	o resides at
P-6/4	in the City, Town or Villa	age of	Zip Cod	de
County of				
		ary election to be held on		
election); provided that If no primary elec	ction is required, the candidate's r	name will appear on the ballot at th	ne Consolidated Electio	n for election to
ald office and term.				
A Full Term is sought, unless an unex	pired term is stated here:	year unexpired term		
-	•			
FORMERLY KNOWN AS(Li	UNist all names during last 3 years)	TIL NAME CHANGED ON(List date	of each name change)	
NAME	VOTER'S PRINTED	STREET ADDRESS OR	CITY, TOWN OR	
(VOTER'S SIGNATURE)	NAME (optional)	RR NUMBER	VILLAGE	COUNTY
1.			ılL	
2.			,[L	<u> </u>
3.			,iL	
4.			, L	
5.			,IL	<u> </u>
6.			, L	
7.			,IL,	
8.			,IL, ·	
9.			,IL	
10.	,		,lL	
State of	\			· · · · · · · · · · · · · · · · · · ·
County of	ŠS.			
	_(Circulator's Name) do hereby o	certify that I reside at		, in the
City/Village/Unincorporated Area of		(if unincorporated, list municipa	lity that provides postal	service) (Zip
Code) , County of	. State of	that I am	18 years of age or olde	r (or 17 years o
Code), County of ge and qualified to vote in Illinois), that	I am a citizen of the United State	s, and that the signatures on this	sheet were signed in n	y presence, no
nore than 90 days preceding the last da ligning were at the time of signing the p	ly of filing of the petitions and are petition registered voters of the po	genuine and that to the best of m ditical division in which the candid	y knowledge and belie late is seeking elective	f the persons so
espective residences are correctly state	d, as above set forth.	with the second of	iate to cooking clocklye	onice, and thei
		(Circulat	or's Signature)	
the state of the s			,	
igned and sworn to (or affirmed) by	(Name of Circulator)	before me, on(ii	nsert month, day, year)	
(SEAL)				
		(Notary I	Public's Signature)	
	SHEET NO			

...DIMD DEKE...V

Suggested Revised March 2019 SBE No. P-5

We, the undersigned, qualified voters in t	he of	in the 0	County of	and
State of Illinois, do hereby petit				
	in the City, Town or Villa	age of	Zip Co	de
County of				
	at the Consolidated Prima			
election); provided that if no primary elec-				
said office and term.				
A Full Term is sought, unless an unex	pired term is stated here: /10-5.1, complete the following (this in	year unexpired term formation will appear on the ballot)		
FORMERLY KNOWN AS	UN	TIL NAME CHANGED ON		
NAME	st all names during last 3 years)		e of each name change)	
(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.			,EL	
8.			,IL	-
9.			,IL	
10.			,IL	
State of)			- 1
County of) SS. _)			
l,	_(Circulator's Name) do hereby o	certify that I reside at		, in the
City/Village/Unincorporated Area of		(if unincorporated, list municip	ality that provides postal	service) (Zip
		•		,
Code), County of age and qualified to vote in Illinois), that	, State or I am a citizen of the United State	that I an	n 18 years of age or olde s sheet were signed in n	r (or 17 years o
more than 90 days preceding the last day signing were at the time of signing the p respective residences are correctly stated	y of filing of the petitions and are etition registered voters of the pe	denuine and that to the best of i	mv knowledge and belie	f the nereone ec
,				
		(Circula	itor's Signature)	
Signed and sworn to (or affirmed) by		before me, on		
	(Name of Circulator)	before me, on(Insert month, day, year)	
(SEAL)		(Notary	Public's Signature)	
	SHEET NO		,	
	OHEET 1901			

V...DIND UCKE'''

Suggested Revised March 2019 SBE No. P-5

We, the undersigned, qualified voters in	the of	in the C	ounty of	and
State of Illinois, do hereby pet	ition that the name of		, wh	o resides at
County of				
	at the Consolidated Prima			
election); provided that if no primary ele	ection is required, the candidate's i	name will appear on the ballot at the	ne Consolidated Electio	n for election to
said office and term.				
A Full Term is sought, unless an unex if required pursuant to 10 ILCS !	xpired term is stated here:	year unexpired term		
		•		
FORMERLY KNOWN AS(L	Jist all names during last 3 years)	TIL NAME CHANGED ON(List date	of each name change)	
NAME	VOTER'S PRINTED	STREET ADDRESS OR	CITY, TOWN OR	
(VOTER'S SIGNATURE)	NAME (optional)	RR NUMBER	VILLAGE	COUNTY
1.			,IL .	
2.			,IL	
3. 			,IL	
4.			,IL	
5.			,IL	
6.			,IL	
7.			, L	
8.			,IL	
9.			,iL	
10,			,IL.	
State of)			
County of	\			
	(Circulator's Name) do hereby (certify that t reside at		in the
City/Village/Unincorporated Area of				, , ,
Code), County ofage and qualified to vote in Illinois), that	, State of	that I am	18 years of age or olde	r (or 17 years o
age and qualified to vote in illinois), that more than 90 days preceding the last d	t I am a citizen of the United State av of filing of the petitions and are	es, and that the signatures on this e genuine and that to the best of m	sheet were signed in n by knowledge and belie	ny presence, no
signing were at the time of signing the	petition registered voters of the pa	olitical division in which the candid	late is seeking elective	office, and their
respective residences are correctly state	ed, as above set forth.			
		(Ol		
		(Circulat	or's Signature)	
Signed and sworn to (or affirmed) by	(Name of Circulator)	before me, on(I	nsert month, day, year)	
(SEAL)	(or or ordinator)	(II		
(OLML)		(Notary	Public's Signature)	
	SHEET NO.			

...DIMO MEKE...V

Suggested Revised March 2019 SBE No. P-5

We, the undersigned, qualified voters in the	ne of	in the C	ounty of	and
State of Illinois, do hereby petiti				
2	in the City, Town or Villa	age of	Zip Cod	de et
County of	State of Illinois, be p	placed upon the ballot as a cand	lidate for nomination f	or the office of
plantian): provided that if no primary also	at the Consolidated Prima	ary election to be held on	(date of primary
election); provided that if no primary election is a second term.	cion is required, the candidate's	name will appear on the ballot at t	ne Consolidated Electic	n for election to
and onice and term. A Full Term is sought, unless an unex	aired term is stated here:	war unavaired form		
If required pursuant to 10 ILCS 5/	10-5.1, complete the following (this in	year diffexpired term formation will appear on the ballot)		
FORMERLY KNOWN AS(Lis	UN	TIL NAME CHANGED ON		
		(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.			,lL	-
4.			,IL	
5.			,lL	-
6.			,IL	
7.			,IL	
8.			,[_	
9.			,tL	 ,
10.			,lL	
State of)			
State of	SS.			
1	_(Circulator's Name) do hereby (pertify that I reside at		, in the
City/Village/Unincorporated Area of		(if unincorporated, list municipa	lity that provides postal	service) (Zip
Code), County of age and qualified to vote in Illinois), that i	, State of	that I am	18 years of age or olde	r (or 17 vears of
age and qualified to vote in Illinois), that I nore than 90 days preceding the last day	am a citizen of the United State	es, and that the signatures on this	sheet were signed in m	y presence, not
signing were at the time of signing the pe	etition registered voters of the po	olitical division in which the candid	late is seeking elective	i the persons so office, and their
respective residences are correctly stated	, as above set forth.			
		(Circulat	or's Signature)	
Signed and sworn to (or affirmed) by		before me, on		
Signed and sworn to (or affirmed) by	(Name of Circulator)	(I	nsert month, day, year)	
(SEAL)		(Notary	Public's Signature)	
	OHEET MO	, , , ,		
	SHEET NO			

Y...RIND HEKE...X

Suggested Revised March 2019 SBE No. P-5

We, the undersigned, qualified voters in t	the of	in the C	ounty of	and
State of Illinois, do hereby peti				
		age of		
County of				
		ary election to be held on		
election); provided that If no primary election); provided that If no primary elections	ction is required, the candidate's i	name will appear on the ballot at t	ne Consolidated Electio	n for election to
A Full Term is sought, unless an unex If required pursuant to 10 ILCS 5	/10-5.1, complete the following (this in	year unexpired term formation will appear on the ballot)		
FORMERLY KNOWN AS(Li	UN	TIL NAME CHANGED ON		
NAME (LI	st all names during last 3 years) VOTER'SPRINTED	T	of each name change)	<u> </u>
(VOTER'S SIGNATURE)	NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1.			,IL	
2.			,ÎL	
3.			,IL	
4.			,IL	
5.			,IL	
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7.	1		,IL	
8.			,[[
9.			,IL	
10.			,IL	
State of	1			
State of	SS.			
1,		certify that I reside at		, in the
				
City/Village/Unincorporated Area of				, , ,
Code), County ofage and qualified to vote in Illinois), that	, State of	that I am	18 years of age or olde	r (or 17 years o
more than 90 days preceding the last da signing were at the time of signing the p respective residences are correctly state	ly of filling of the petitions and are petition registered voters of the po	e denuine and that to the best of m	iv knowledge and belie	f the nareone ea
		(Circulat	or's Signature)	<u></u>
Signed and sworn to (or affirmed) by	(Name of Circulator)	before me, on(l	nsert month, dav. vear)	
(SEAL)	,		,,,,,	
		, ,	Public's Signature)	
	SHEET NO	,		