



APRIL 6, 2027, CONSOLIDATED ELECTION INFORMATION

The following Public Offices within the Village of Sugar Grove are up for Election on April 6, 2027:

Office	Term	# of Positions
Trustee	4 years	3

Minimum Number of Signatures Required on Candidate Petitions –

(5% of 2496 ballots cast in the April 2025 consolidated election)

Dates:

Tuesday, August 25, 2026 – First day to circulate petitions for candidates seeking election in the 2027 Consolidated Election

Monday, November 16, 2026 – First day to file Candidate Petitions

Monday, November 23, 2026 – Last day to file Candidate Petitions

Place of Filing:

Village of Sugar Grove, 160 S. Municipal Drive, Suite 110, Sugar Grove, IL 60554

Monday through Friday: 8:00 a.m. to 4:30 p.m.

Monday, November 16, 2024, ONLY – 8:00 a.m. to 5:00 p.m.

Candidate Nomination Papers to be Filed:

1. Nominating Petition Sheets
2. Statement of Candidacy
3. Original Receipt for filing of Statement of Economic Interest form with Kane County Clerk
www.kanecountyclerk.org/Elections
4. Loyalty Oath (optional)

Filing of Objections:

Objections to nominating papers will be received in the same office where nominating papers are filed. The last day to file objections is **Monday, November 30, 2024**.

PLEASE NOTE: UNDER NO CIRCUMSTANCES CAN VILLAGE STAFF PROVIDE ADVICE CONCERNING REQUIREMENTS REGARDING PETITIONS OR OTHER CANDIDACY ISSUES.

This information is provided as a public service and is intended as a general guide only. It does not constitute legal advice. The Illinois State Board of Elections and the Village of Sugar Grove recommend that all prospective candidates consult with legal counsel when preparing their nomination papers and prior to filing. The Village of Sugar Grove and the Village Clerk's Office make no representations regarding the accuracy or validity of this information or these forms, which may change after distribution. For further information on requirements, please visit the Illinois State Board of Elections website, www.elections.il.gov.

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 _____)

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 election to the office of _____ in
 the _____ to be voted upon at the election to be held on _____ 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)

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: A Full Term is sought, unless an unexpired term is stated here: ____ year unexpired term
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)	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 _____)
) SS.
 County of _____)

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)

SHEET NO. _____

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: A Full Term is sought, unless an unexpired term is stated here: ____ year unexpired term
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)	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 _____)
) SS.
 County of _____)

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)

SHEET NO. _____

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 ECONOMIC INTERESTS

INSTRUCTIONS:

You may find the following documents helpful to you in completing this form:

- (1) federal income tax returns, including any related schedules, attachments, and forms; and
- (2) investment and brokerage statements.

To complete this form, you do not need to disclose specific amounts or values or report interests relating either to political committees registered with the Illinois State Board of Elections or to 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.

Please ensure that the information you provide is complete and accurate. If you need more space than the form allows, please attach additional pages for your response.

5 ILCS 420/4A-102(c) now requires that, "The Secretary of State shall develop and make publicly available on his or her website written guidance relating to the completion and filing of the statement of economic interests upon which a filer may reasonably and in good faith rely."

The statement of economic interests required to be filed with the county clerk shall be verified, dated, and signed by the person making the statement and shall contain substantially the following:

Name: _____

Job title: _____

Office, department, or agency that requires you to file this form

Other offices, departments, or agencies that require you to file a Statement of Economic Interests form: _____

Full mailing address: _____

Preferred e-mail address (optional): _____

QUESTIONS:

1. If you have any single asset that was worth more than \$10,000 as of the end of the preceding calendar year and is 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, list such assets below. In the case of investment real estate, list the city and state where the investment real estate is located. If you do not have any such assets, list "none" below.

2. Excluding the position for which you are required to file this form, list the source of any income in excess of \$7,500 required to be reported during the preceding calendar year. If you sold an asset that produced more than \$7,500 in capital gains in the preceding calendar year, list the name of the asset and the transaction date on which the sale or transfer took place. If you had no such sources of income or assets, list "none" below.

Source of Income/Name of Asset

Date Sold (if applicable)

3. Excluding debts incurred on terms available to the general public, such as mortgages, student loans, and credit card debts, if you owed any single debt in the preceding calendar year exceeding \$10,000, list the creditor of the debt below. If you had no such debts, list "none" below.

List the creditor for all applicable debts owed by you, owed jointly by you with your spouse, or owed jointly by you with your minor child. In addition to the types of debts listed above, you do not need to report any debts to or from financial institutions or government agencies, such as debts secured by automobiles, household furniture or appliances, as long as the debt was made on terms available to the general public, debts to members of your family, or debts to or from a political committee registered with the Illinois State Board of Elections or any political committee, principal campaign committee, or authorized committee registered with the Federal Election Commission.

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.

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."

Printed Name of Filer: _____

Date: _____

Signature: _____

This will be returned to you when the statement is filed in the office of the Clerk.

Receipt is hereby acknowledged of your Statement of Economic Interest, filed pursuant to the Illinois Governmental Ethics Act.

The statement was filed as of this date:

Date to be entered by County Clerk

COMPLETE BUT DO NOT DETACH

Type or Hand Print Legibly

Your Name

Office or position of employment for which this statement is filed

Mailing Address

City

State

Zip Code

All three pages must be returned to the Kane County Clerk for filing by May 1. We will return this receipt to you, and you should keep this for your records.

Location: 719 S. Batavia Ave. Bldg. B
Geneva, IL 60134

Mailing Address: Kane County Clerk
Attn: EIS
719 S. Batavia Ave.
Geneva, IL 60134