

Your Name Was Submitted For Filing by an Entity That You Represent

STATEMENT OF ECONOMIC INTERESTS TO BE FILED WITH THE COUNTY CLERK

(Type or Hand Print)

Name

Sally M. Smith

Each office or position of employment for which this statement is filed.

CANDIDATE FOR: Will County Board Member District #3

Full post office address to which notification of an examination of this statement should be sent.

555 N. Center Street, Lockport, IL 60441

If these questions do not pertain to you, fill in with NONE or N/A

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 a 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

Position of Management

Three rows of horizontal lines for listing business entities, instruments of ownership, and positions of management.

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

Three rows of horizontal lines for listing professional organizations, names, addresses, and types of practice.

3. List the nature of professional services rendered (other than to the unit or units of local government in relation to which the person is required to file) to each entity from which income exceeding \$5,000 was received for professional services rendered during the preceding calendar year by the person making the statement.

Two rows of horizontal lines for listing professional services rendered.

(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.

CANDIDATE FOR: Will County Board Member District #3 (office or position of employment for which this statement is filed)

TYPE OR HAND PRINT

Sally M. Smith Name

555 N. Center Street Address

Lockport IL 60441 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 a 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 a 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 or units 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."

Sally M. Smith

(Signature of Person Making the Statement)

09/15/2015

(Date)

Printed by authority of the State of Illinois. August 2006 – 75M – I 107.7

DO NOT DETACH

(WILL BE RETURNED AS YOUR RECEIPT)

STATEMENT OF CANDIDACY ESTABLISHED POLITICAL PARTY

Name Sally M. Smith Phone 815-123-4567 Address 555 N. Center Street City Lockport Zip 60441 Office Will County Board Member Term 4 District #3 Party Republican

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) (Date of each name change)

STATE OF ILLINOIS } COUNTY OF WILL } SS.

I, Sally M. Smith being first duly sworn (or affirmed), say that I reside at (Candidate's Name)

555 N. Center Street in the City / Village / Unincorporated Area of (Street Address) (Circle One)

Lockport 60441 in Will County, in the State of Illinois; (If unincorporated, list municipality that provides postal service.) (Zip Code)

that I am a qualified voter therein and am a qualified Primary voter of the Republican Party; (Name of Party)

that I am a candidate for Nomination to the office of Will County Board Member, #3 (Office) (District)

to be voted upon at the General Primary Election to be held the 15th day of March, 2016; that I am legally qualified to hold such office (including being the holder of any license that may be an eligibility requirement for the office I seek). I have filed (or will file before the close of the petition filing period) a Statement of Economic Interests, required by the Illinois Governmental Ethics Act, and I hereby request that my name be printed upon the official Republican Primary Ballot for Nomination to such office. (Name of Party)

Sally M. Smith (Signature of Candidate)

Subscribed and sworn to (or affirmed) by Sally M. Smith (Printed Name of Candidate)

before me, this 15th day of September, 2015. (Date) (Month) (Year)

NOTARY SEAL

(SEAL)

Rebecca J. Leder (Signature of Notary Public)

GENERAL PRIMARY PETITION ESTABLISHED PARTY CANDIDATES

We, the undersigned, qualified Primary electors and members affiliated with the Republican Party, in Will County, State of Illinois, do hereby petition that the following named person shall be a candidate of the Republican Party for Nomination to the office specified below, to be voted for at the General Primary Election to be held the 15th day of March, 2016.

Name Sally M. Smith Phone 815-123-4567 Address 555 N. Center Street City Lockport Zip 60441 Office Will County Board Member Term 4 District #3 (# of Years)

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)

Table with 4 columns: VOTER'S NAME (SIGNATURE), STREET ADDRESS, CITY/TOWN/VILLAGE, COUNTY. Rows 1-10 contain placeholder text 'XXXXXXXXXXXXXXXXXXXXXXXXXXXX'.

STATE OF ILLINOIS } COUNTY OF WILL } ss.

I, Joseph J. Russell (Circulator's Name), do hereby certify that I reside at 1234 S. Front Street (Street Address) in the City Village / Unincorporated Area (Circle One) of Lockport (If unincorporated, list municipality that provides postal service.) 60441 (Zip Code) in the County of Will State of IL;

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 Republican Party in the political division in which the candidate is seeking nomination, and that their respective residences are correctly stated as above set forth.

Signature of Circulator: Joseph J. Russell

Subscribed and sworn to (or affirmed) by Joseph J. Russell (Printed Name of Circulator)

before me, this 13th day of September, 2015 (Date) (Month) (Year)

NOTARY SEAL

Signature of Notary Public: Rebecca J. Leder

LOYALTY OATH (Optional)

United States of America }
State of Illinois } SS.

I, **Sally M. Smith**, 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.

Sally M. Smith
(Signature of Candidate)

Subscribed and sworn to (or affirmed) by **Sally M. Smith**
(Printed Name of Candidate)

before me, this **15th** day of **September**, 20**15**.
(Date) (Month) (Year)

NOTARY SEAL

Rebecca J. Leder
(Signature of Notary Public)

(SEAL)