

**CITY OF DECATUR, ILLINOIS  
CITY CLERK'S OFFICE  
ONE GARY K. ANDERSON PLAZA  
Phone 424-2708**

**ELECTION FACTS**

**I. One Mayor and Three City Council Positions to be filled:**

**Mayor:**

One four-year term beginning May 1, 2011 and expiring April 30, 2015.

**Council Members:**

Three (3) four-year terms beginning May 1, 2011 and expiring April 30, 2015.

**II. Consolidated Primary Election, if required, will be held February 22, 2011.**

Consolidated Primary Election is required if:

More than four (4) persons file for Mayor,

More than twelve (12) persons file for Council seats (4-year term).

**III. Consolidated Election will be held April 5, 2011.**

**A. Qualifications for candidacy:**

U.S. Citizen, Registered Voter, Age 18 years or older and residing in City of Decatur limits for one year preceding the election.

**B. Nominating Petition:**

- 1) Petitions may be circulated on or after August 24, 2010;
- 2) File at City Clerk's Office, Third Floor, One Gary K. Anderson Plaza;
- 3) Signatures required: 128 registered voters;
- 4) First day for filing: November 15, 2010;
- 5) Last day for filing: November 22, 2010;
- 6) Office hours of City Clerk: 8:00 AM to 5:00 PM, Monday through Friday;
- 7) **Statement of Economic Interests must be filed with the MACON COUNTY CLERK, 141 South Main Street;**
- 8) **Submit a receipt of filing Statement of Economic Interests to CITY CLERK at time nominating petition is filed; and,**
- 9) Candidate's names will be placed on the ballot in the order of time of filing.

All persons filing at 8:00 A.M. on Monday, November 15, will be considered as filing simultaneously and order of ballot position will be determined by a lottery to be held no later than November 24, 2010. Candidates will receive notification of the lottery date.

- IV. Election will be conducted by the Macon County Clerk. Ballots will be counted at the Macon County Clerk's Office, Macon County Office Building, 141 South Main Street.

**Statement of Economic Interests to be Filed with the County Clerk**  
**Your Name Was Submitted For Filing by an Entity That You Represent**  
 (Type or Print)

Name: \_\_\_\_\_

Each Office or Position of Employment for which this Statement is Filed: \_\_\_\_\_

Full Post Office Address: \_\_\_\_\_

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

- 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 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:

\_\_\_\_\_  
 \_\_\_\_\_

**COMPLETE BUT DO NOT DETACH**

**This section will be returned to you when the Statement is filed with 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 on this date:

Office or Position of Employment for which this statement is filed \_\_\_\_\_

(Type or Print)

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP Code \_\_\_\_\_

4. List the identity (including 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:

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5. List the name of any entity and the nature of the governmental action requested by any entity that 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:

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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.)

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7. List the name of any unit of government that 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:

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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:

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**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 Statement

\_\_\_\_\_  
Date

**DO NOT DETACH  
(WILL BE RETURNED AS YOUR RECEIPT)**

**CITY OF DECATUR, ILLINOIS  
ONE GARY K. ANDERSON PLAZA  
DECATUR, IL 62523**

**CITY COUNCIL MEMBER:**

- 1) Part time position under Council / Manager form of government.
- 2) City Council is the legislative body of the City and the members adopt the laws and policies for local government.
- 3) Appoint a city manager to act as administrative head of the various city departments and the employees.
- 4) Define the powers and duties of appointed officers and employees.
- 5) Adopts a budget to guide expenditures and revenue.
- 6) Appropriate funds to operate City government.
- 7) Affirms the Mayor's appointment of City Clerk and City Treasurer.
- 8) Affirms the Mayor's appointment of members to various advisory committees and commissions.

Annual Salary: \$4,000

Term: 4 years

**Qualifications:**

- a) Resident of the City for one year prior to election and of voting age.
- b) Must not be in arrears or in debt to local government.
- c) Never convicted in a court of law of malfeasance of office, bribery or other corrupt crime.

STATEMENT OF CANDIDACY

NONPARTISAN

NAME	ADDRESS-ZIP CODE	OFFICE	CITY, VILLAGE OR SPECIAL DISTRICT
John Doe	119 Main Street	Councilman	Decatur

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 )  
County of Macon ) SS.

I, John Doe being first duly sworn (or affirmed), say that I reside at 119 Main Street in the City/Village, Unincorporated Area (circle one) of Decatur (if unincorporated, list municipality that provides postal service) Zip Code 6252 in the County of Macon, State of Illinois, that I am a qualified voter therein, that I am a candidate for Nomination/Election to the office of City Councilman in the City of Decatur Name of City, Village or Special District

to be voted upon at the election to be held on February 22, 2011 (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)

STATEMENT OF CANDIDACY  
NONPARTISAN

NAME	ADDRESS-ZIP CODE	OFFICE	CITY, VILLAGE OR SPECIAL DISTRICT

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 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)

CONSOLIDATED PRIMARY PETITION (NONPARTISAN - MUNICIPALITY OTHER THAN COMMISSION FORM)

We, the undersigned, qualified voters in the City of Decatur in the County of Macon and State of Illinois, and residing at the places set opposite our respective names, do hereby petition that the name of John Doe who resides at 119 Main Street in the City, Town or Village of Decatur Zip Code 6252 County of Macon State of Illinois, be placed upon the ballot as a candidate for nomination for the office of City Councilman full term or vacancy (circle one) at the Consolidated Primary election to be held on February 22, 2011 (date of primary election); provided that no primary election is required, the candidate's name will appear on the ballot at the Consolidated Election for election to said office and 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)

Table with 4 columns: NAME (VOTER'S SIGNATURE), STREET ADDRESS OR RR NUMBER, CITY, TOWN OR VILLAGE, COUNTY. Rows 1-15. Includes handwritten signatures across the table.

State of Illinois ) County of Macon ) SS.

I, (Circulator's Name) do hereby certify that I reside at (Street Address) Decatur 6252 in the City of (City/Village/Unincorporated Area) of (if unincorporated, list municipality that provides postal service) (Zip Code) Macon, State of Illinois 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)

(Notary Public's Signature)

**CONSOLIDATED PRIMARY PETITION  
(NONPARTISAN – MUNICIPALITY OTHER THAN COMMISSION FORM)**

We, the undersigned, qualified voters in the \_\_\_\_\_ of \_\_\_\_\_ in the County of \_\_\_\_\_ and State of Illinois, and residing at the places set opposite our respective names, do hereby petition that the name of \_\_\_\_\_, who resides at \_\_\_\_\_ in the City, Town or Village of \_\_\_\_\_ Zip Code \_\_\_\_\_ County of \_\_\_\_\_ State of Illinois, be placed upon the ballot as a candidate for nomination for the office of \_\_\_\_\_ full term or vacancy (circle one) at the Consolidated Primary election to be held on \_\_\_\_\_ (date of primary election); provided that no primary election is required, the candidate's name will appear on the ballot at the Consolidated Election for election to said office and 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)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1		DECATUR	MACON IL
2		DECATUR	MACON IL
3		DECATUR	MACON IL
4		DECATUR	MACON IL
5		DECATUR	MACON IL
6		DECATUR	MACON IL
7		DECATUR	MACON IL
8		DECATUR	MACON IL
9		DECATUR	MACON IL
10		DECATUR	MACON IL
11		DECATUR	MACON IL
12		DECATUR	MACON IL
13		DECATUR	MACON IL
14		DECATUR	MACON IL
15		DECATUR	MACON IL

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) SS.

I, \_\_\_\_\_ do hereby certify that I reside at \_\_\_\_\_  
(Circulator's Name) (Street Address)

in the \_\_\_\_\_ of \_\_\_\_\_  
(City/Village/Unincorporated Area) (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)

\_\_\_\_\_  
(Notary Public's Signature)

(SEAL)

SHEET NO. \_\_\_\_\_



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# **Guide to Temporary and Political Sign Regulations**

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August 2006

City of Decatur, Illinois



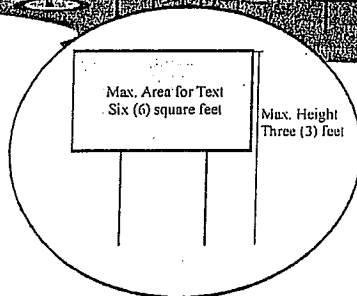
# Temporary & Political Sign Regulations

## City of Decatur

### Residential Property

#### Freestanding Signs (up to 90 days)

1. **Number per Lot:** Five (5)
2. **Maximum Area per Sign:** Six (6) square feet
3. **Maximum Height:** Three (3) feet
4. **Time Limit:** Display is limited to ninety (90) days
5. **Construction Material:** Sign must be constructed of non-rigid or semi-rigid materials and are designed so as to not be permanently mounted to the ground or to a structure.



#### Extended Freestanding Signs

(90 days or more)

1. **Number per Lot:** One (1)
2. **Maximum Area per Sign:** Six (6) square feet
3. **Maximum Height:** Three (3) feet
4. **Time Limit:** Display is limited to twelve (12) months
5. **Construction Material:** Sign must be constructed of a rigid steel frame to be placed in the ground and to resist rot, decay or deterioration by the elements.

#### Wall Signs or Banners

1. **Number per Lot:** Three (3); including any permanent wall signs
2. **Placement Location:** Signs or banners may only be placed on the main building
3. **Maximum Area per Sign:** No more than fifteen (15) percent of the wall on which it is located
4. **Time Limit:** Display is limited to ninety (90) days
5. **Construction Material:** Sign must be constructed of non-rigid or semi-rigid materials and are designed so as to not be permanently mounted to the ground or to a structure.

#### Who do I call if I have a question about signs in general?

Please contact the City of Decatur, Department of Economic and Urban Development, at (217) 424-2793 if you have additional questions.

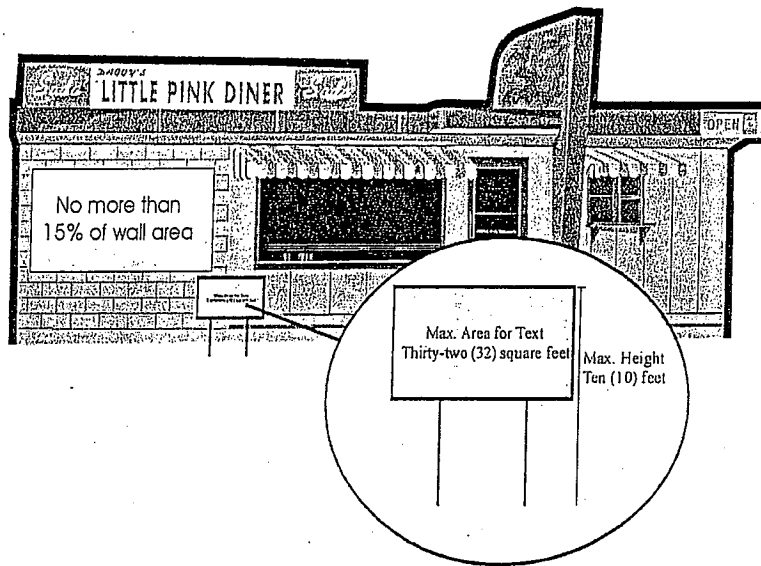
# Temporary & Political Sign Regulations

## City of Decatur

### Commercial Property

#### Freestanding Signs (up to 90 days)

1. **Number per Lot:** One (1)
2. **Maximum Area per Sign:** Thirty-two (32) square feet
3. **Maximum Height:** Ten (10) feet
4. **Time Limit:** Display is limited to ninety (90) days
5. **Construction Material:** Sign must be constructed of non-rigid or semi-rigid materials and are designed so as to not be permanently mounted to the ground or to a structure.



#### Extended Freestanding Signs (90 days or more)

1. **Number per Lot:** One (1)
2. **Maximum Area per Sign:** Six (6) square feet
3. **Maximum Height:** Three (3) feet
4. **Time Limit:** Display is limited to twelve (12) months
5. **Construction Material:** Sign must be constructed of a rigid steel frame to be placed in the ground and to resist rot, decay or deterioration by the elements.

#### Wall Signs or Banners

1. **Number per Lot:** Three (3); including any permanent wall signs
2. **Placement Location:** Signs or banners may only be placed on the main building
3. **Maximum Area per Sign:** No more than fifteen (15) percent of the wall on which it is located
4. **Time Limit:** Display is limited to ninety (90) days
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#### Who do I call if I have a question about signs in general?

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