COUNTY OF KANE

John A. Cunningham KANE COUNTY CLERK 719 S. Batavia Ave., Bldg. B Geneva, IL 60134



Election Department Phone: (630) 232-5990 Fax: (630) 232-5870 Website: www.kanecountyelections.org

August, 2023

It is strongly recommended that all prospective candidates should review the information and obtain legal advice when preparing their nominating papers.

Required signatures for Kane County Board District 16

Republican – at least 23 signatures are required **Democratic** – at least 17 signatures are required

Petition Circulation begins September 5, 2023

Petitions may be filed in person or by mail, but MUST BE RECEIVED DURING THE FILING PERIOD. The mailing address is 719 South Batavia Avenue, Building B, Geneva, IL 60134. The first day of filing is Monday, November 27, 2023. The last day of filing is Monday, December 4, 2023 and our office will be open until 5:00 p.m. Those nominating petitions received after 8:30 a.m. and before 4:30 p.m. during the filing period will be stamped according to the time received. Petitions received prior to the first day and after the last day of filing will be returned to the prospective candidate.

Kane County Election Authority

COUNTY COMMISSIONERS, BOARD MEMBERS, & BOARD OF REVIEW

MEMBERS (IN SOME COUNTIES, NOT INCLUDING

COOK)

Elected by District & At-Large

NOMINATION PAPERS

Petitions: Established Party (<u>SBE Form P-10</u>); Established Party <u>county board by district (SBE Form P-26</u>); Independent (<u>SBE Form P-</u> <u>3</u>); New Party, <u>at-large</u> (<u>SBE Form P-8</u>); New Party, <u>at-large and by</u> <u>district (SBE Form P-8B</u>)

Statement of Candidacy: Established Party (<u>SBE Form P-1</u>); Independent (<u>SBE Form P-1B</u>); New Party (<u>SBE Form P-1D</u>) Loyalty Oath (optional): All candidates (<u>SBE Form P-1C</u>) Statement of Economic Interests: Filed with the county clerk. The receipt must be filed with petitions or by the end of the filing period.

SIGNATURE REQUIREMENTS

Established Party: At least 0.5% (.005) of the number of qualified electors of the candidate's party in the district who cast votes at the last General Election. The highest vote getter could be any federal, state or county candidate. (10 ILCS 5/7-10(c))

Independent: Not less than 5%, nor more than 8% (or 50 more than the minimum, whichever is greater) of the number of persons who voted at the last regular election in such district in which such district voted as a unit for that office. Also applies to Chair of the County Board and county board members elected from the county at-large. (10 ILCS 5/10-3)

New Party: Not less than 5% of the number of voters who voted at the last regular election in such district or political subdivision in which such district or political subdivision voted as a unit for the election of officers to serve its respective territorial area, except that where 5% is greater than 25,000, the minimum number of signatures required is 25,000. (10 ILCS 5/10-2)

For specific signature calculations, contact the county clerk.

FILING INFORMATION

QUALIFICATIONS:

(10 ILCS 5/7-10, 10-5; 55 ILCS 5/2-3015)

- 18 years of age (or will be 18 by the date of the upcoming General Election)
- United States citizen
- Resident of the county for at least one year prior to the election
- Registered voter in county or county board district (see redistricting section)

FILING PERIODS:

Established Party: November 27 – December 4, 2023

Independent and New Party: June 17 – June 24, 2024

TERM:

Term of office: Two or Four year term (contact the county clerk's office for further information) (55 ILCS 5/2-3009(a)(b))

County Commissioner & County Board of Review Member: Six years and until a successor is elected and qualified

Term begins: December 2, 2024**

County Board Member (55 ILCS 5/2-3009) Commissioner (55 ILCS 5/2-3009)

**Elected Board of Review members:10 Days after the canvass of the vote is completed. (35 ILCS 200/6-35)

Established Party: Not more than 113 nor less than 106 days prior to the General Primary. (10 ILCS 5/7-12) **Independent & New Party:** Not more than 141 nor less than 134 days prior to the General Election. (10 ILCS 5/10-6)

Candidates will file in the office of the county clerk. Candidates in Peoria County file with the Peoria County Board of Election Commissioners.

Campaign Contributions: Reports must be filed either electronically or on paper with the State Board of Elections, 2329 S. MacArthur Blvd., Springfield, IL 62704, or 69 W. Washington St., Pedway LL-08, Chicago, IL 60602.

COUNTY BOARD MEMBER (counties that elect members from districts) PRIMARY PETITION

We, the undersigned, member	rs of and affiliated with the		Party and qualified primary electors of the
[Party, in County Board District	, County of	in the State of Illinois, do hereby
petition that	who	resides at	in the City, Village,
Unincorporated Area of	(if unincorpora	ated, list municipality that provid	des postal service) Zip Code County
of and	State of Illinois, shall be a candidate	of the	Party for the nomination for the office of
COUNTY BOARD MEMBER, Co	ounty Board District ir	n the County of	in the State of Illinois, to be voted for
at the primary election to be held	on (date of election).	
A Full Term is sought, unless	an unexpired term is stated here:	year unexpired term	
If required pursuant to 1	0 ILCS 5/7-10.2, complete the following (this information will appear on the	ballot)
FORMERLY KNOWN A	S	_ UNTIL NAME CHANGED ON _	
	(List all names during last 3 years)		(List date of each name change)

1. ,IL 2. ,IL 3. ,IL 4. ,IL 5. ,IL 6. ,IL 7. ,IL 8. ,IL
3. ,L 4. ,L 5. ,L 6. ,L 7. ,L
4. ,IL 5. ,IL 6. ,IL 7. ,IL
5. ,IL 6. ,IL 7. ,IL
6. ,IL 7. ,IL
7. ,IL
8
9. ,IL
10. ,L

State of)	
)	SS.
County of)	

I,	_ (Circulator's Name) do hereby certify that I reside at, in	n 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	lam
a citizen of the United States, and that th	e signatures on this sheet were signed in my presence, not more than 90 days preceding the last da	ay 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 per	tition
qualified voters of the	Party in the political division in which the candidates is seeking nomination/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. _____

ATTACH TO PETITION

STATEMENT OF CANDIDACY

NAME:	OFFICE:
ADDRESS – ZIP CODE:	A Full Term is sought, unless an unexpired term is stated 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 information will appear on the ballot)
FORMERLY KNOWN AS (List all names during last 3 years)	JNTIL NAME CHANGED ON (List date of each name change)
STATE OF ILLINOIS)) SS.	
County of)	
(Name of	Candidate) being first duly sworn (or affirmed), say that I reside
at, in the Cit	y, Village, Unincorporated Area of
(if unincorporated, list municipality that provides postal service) Z	ip Code, in the County of
, State of Illinois; that I	am a qualified voter therein and am a qualified Primary voter of the
Party; that I a	m a candidate for Nomination/Election to the office of
in the	District, to be voted upon at the primary 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	the nomination) to hold such office and that I have filed (or I will
file before the close of the petition filing period) a Stateme	nt of Economic Interests as required by the Illinois Governmental
Ethics Act and I hereby request that my name be printed u	pon the official(Name of Party)
Primary ballot for Nomination/Election for such office.	

(Signature of Candidate)

Signed and sworn to (or affirmed) by _____

(Name of Candidate)

before me, on _

(insert month, day, year)

___ATTACH TO PETITION____

10 ILCS 5/7-10.1

Suggested Revised July, 2004 SBE No. P-1C

LOYALTY OATH (OPTIONAL)

United States of America)	
)	SS.
State of Illinois)	

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_____

(Name of Candidate)

on ___

(insert month, day, year)

(Notary Public's Signature)

before me,

(SEAL)

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

CERTIFICATION OF DELETIONS

l,	, Candidate or Circ	ulator (circle one) do hereby certify that I
have properly initialed the deletions	of signatures, listed hereinafter by pa	ge and line numbers, from the petition of
	(Name of Candidate) who i	s a candidate for election or nomination
(circle one) to the office of	at1	theElection to be
held on	(date of election).	

Page No.	Line No.	Page No.	Line No.	Page No.	Line No.
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(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.

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 Na	ame of	Filer	:
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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. 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