### **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 18** 

Republican – at least 45 signatures are required Democratic – at least 33 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</u> (<u>SBE Form P-26</u>); Independent (<u>SBE Form P-3</u>); New Party, <u>at-large</u> (<u>SBE Form P-8</u>); New Party, <u>at-large and by district</u> (<u>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.

#### **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)

#### FILING INFORMATION

**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	ers of and affiliated with the	Pa	rty and qualified primary of	electors of the
	Party, in County Board District			
	who re			
•	(if unincorporate			
	d State of Illinois, shall be a candidate of the			
	ounty Board District in		in the State of Illinois	, to be voted fo
	d on (d	,		
<u> </u>	an unexpired term is stated here: 10 ILCS 5/7-10.2, complete the following (th	•	lot\	
• •			•	
FORMERLY KNOWN A	(List all names during last 3 years)		ist date of each name change)	
NAME (VOTER'S SIGNATUR	VOTER'S PRINTED  RE) NAME (optional)	STREET ADDRESS ( RR NUMBER	OR 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	)			
County of	) SS.			
	(Circulator's Name) do here	shy certify that I reside at		in the
	a of(if unin			
	State of that I am 18 years			
	nd that the signatures on this sheet we			
	nuine and that to the best of my knowle			
qualified voters of the	Party in the politic	al division in which the candida	tes is seeking nomination/ele	ctive office, and
that their respective residences	are correctly stated, as above set forth			
		(Ci	irculator's Signature)	
Signed and sworn to (or affirmed	) by(Name of Circulator)	before me, on	(Inpart month day year)	
	(Name of Circulator)		(mserrmonth, day, year)	
(SEAL)		(Ne	otary Public's Signature)	
	SHEET NO	•		

Suggested Revised March 2020 SBE No. P-1

#### 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, comple	ete the following (this information will appear on the ballot)
FORMERLY KNOWN AS (List all names during last 3 years)	UNTIL NAME CHANGED ON (List date of each name change)
STATE OF ILLINOIS ) ) SS. County of)	
Journey or	
	e of Candidate) being first duly sworn (or affirmed), say that I reside  City, Village, Unincorporated Area of
if unincorporated, list municipality that provides postal service	
	at I am a qualified voter therein and am a qualified Primary voter of the
Party; that I	am 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 tha	at I am legally qualified (including being the holder of any license that
may be an eligibility requirement for the office to which I so	eek the nomination) to hold such office and that I have filed (or I will
ile before the close of the petition filing period) a State	ement of Economic Interests as required by the Illinois Governmental
Ethics Act and I hereby request that my name be printed	d upon the official(Name of Party)
Primary ballot for Nomination/Election for 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)
\ - /	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

ATTAC	OT H	PETITION	
AIIA	ים ו	PETITION	

10 ILCS 5/7-10.1

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

#### LOYALTY OATH (OPTIONAL)

United States of America	)	00			
State of Illinois	)	SS.			
I,			, do swear (or a	ffirm) that I am	a citizen of the
United States and the State of III	inois, that I	am not aff	iliated directly or i	indirectly with a	any communist
organization or any communist fro	ont organiza	ition, or an	y foreign political a	agency, party, o	organization or
government which advocates the	overthrow	of constitut	ional government	by force or oth	ner means not
permitted under the Constitution of	the United S	States or the	e Constitution of thi	s State; that I do	o not directly or
indirectly teach or advocate the ov	erthrow of t	the governr	nent of the United	States or of thi	is State or any
unlawful change in the form of the	government	s thereof by	force or any unlay	wful means.	
			(Si	ignature of Cand	didate)
Signed and sworn to (or af	firmed) by_		Name of Condidate		before me,
			Name of Candidat	е)	
on (insert month, day, year)	•				
				(Notary Public's	Signature)
(SEAL)					

#### **CERTIFICATION OF DELETIONS**

ction or nomir	a candidate for ele	candidate) who is	(Name of C		
Election	9	at th	(Name of )	ice of	cle one) to the off
<del> </del>	<del> </del>	· ·	(date of election	1	
Line No.	Page No.	Line No.	Page No.	Line No.	Page No.

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.

(Signature of Person Deleting Signatures)

#### 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: 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.

contractor, or office holder during the	nment of which you or your spouse were an employee, e preceding calendar year other than the unit or ch the person is required to file and the title of ual services.
Name of Unit of Government	Title or Nature of Services
is known to you to be a lobbyist registillinois, list the name of the lobbyist relationship with the lobbyist. If you	nship with a lobbyist or if a member of your family tered with any unit of government in the State of t below and identify the nature of your do not have an economic relationship with a ou to be a lobbyist registered with any unit of ist "none" below.
Name of Lobbyist	Relationship to Filer
	- <del></del>
gifts, or honorarium or honoraria, value received during the preceding calendar or honoraria, excluding any gift or given	ization, or entity that was the source of a gift or ued singly or in the aggregate in excess of \$500 year and the type of gift or gifts, or honorarium fts from a member of your family that was not known nit of government in the State of Illinois. If you
	diate family member living with the person making ility in this State and the name of the public
Name and Relation	Public Utility
been examined by me and to the best of complete statement of my economic interestings. I understand that the penal statement is a fine not to exceed \$2,5	economic interests (including any attachments) has my knowledge and belief is a true, correct and rests as required by the Illinois Governmental lty for willfully filing a false or incomplete 00 or imprisonment in a penal institution other e year, or both fine and imprisonment."
Printed Name of Filer:	
Date:	
Signature:	

	acknowledged of your Sta the Illinois Governmenta	tement of Economic Interest, al Ethics Act.
The statement was	filed as of this date:	
		Date to be entered by County Clerk
COM	PLETE BUT DO	NOT DETACH
	Type or Hand Pri	nt Legibly
Your Name		
Office or position	n of employment for which	this statement is filed
Mailing Address		
City	State	Zip Code
		nne County Clerk for filing. ou should keep this for your
Location:	719 S. Batavia Ave. Bldg Geneva, IL 60134	<b>у.</b> В
Mailing Address:	Kane County Clerk Attn: EIS 719 S. Batavia Ave. Geneva, IL 60134	

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