

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

February 2024

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

Required signatures for Wasco Sanitary District

Nonpartisan– not less than **103**, not more than **164** signatures are required

Petition Circulation begins March 23, 2024

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, June 17, 2024. The last day of filing is Monday, June 24, 2024. 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

SANITARY DISTRICT TRUSTEES

Sanitary District Act of 1936

NOMINATION PAPERS

Petitions: Nonpartisan ([SBE Form P-4](#))

Statement of Candidacy: Nonpartisan ([SBE Form P-1A](#))

Loyalty Oath (optional): All candidates ([SBE Form P-1C](#))

Statement of Economic Interests: Filed with the office of the county clerk. The receipt must be filed with petitions or by the end of the filing period.

SIGNATURE REQUIREMENTS

Nonpartisan: 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 for the election of officers, except that where 5% is greater than 25,000, the minimum number of signatures required is 25,000.

(70 ILCS 2805/3.2; 10 ILCS 5/10-3, 10-3.1)

For signature calculations, contact the county clerk.

FILING INFORMATION

Nonpartisan: Not more than 141 nor less than 134 days prior to the General Election. (10 ILCS 5/10-6)

All candidates will file with the office of the county clerk for the jurisdiction in which they are running.

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 60601.

QUALIFICATIONS:

(70 ILCS 2805/3; 10 ILCS 5/7-10, 10-5)

- Resident of the sanitary district
- Registered voter
- United States citizen

FILING PERIODS:

Nonpartisan:

June 17 – June 24, 2024

TERM:

Term of office: Four years and until their successors are elected and qualified. (70 ILCS 2805/3.2)

Note: Contact the district for the number of trustees to be elected. For those districts that have chosen by referendum to elect trustees, three trustees are to be elected for four year terms. (70 ILCS 2805/3.1, 3.2)

Term begins: December 2, 2024
(70 ILCS 2805/3.2)

NONPARTISAN PETITION
(NON-MUNICIPAL AND COMMISSION FORM OF MUNICIPALITY)

We, the undersigned, qualified voters in the _____ in the
(unit of government)
County of _____ and State of Illinois, do hereby petition that the following named person shall be a Nonpartisan
Candidate for election to the office hereinafter specified, in the aforesaid unit of government, to be voted for at the election to be held
on _____ (date of election).

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

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)

STATEMENT OF CANDIDACY

NONPARTISAN

NAME:	OFFICE: A Full Term is sought, unless an unexpired term is stated here: ____ year unexpired term
ADDRESS – ZIP CODE:	CITY, VILLAGE OR SPECIAL DISTRICT:

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 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)

____ 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 _____ before me,
(Name of Candidate)

on _____
(insert month, day, year)

(Notary Public's Signature)

(SEAL)

CERTIFICATION OF DELETIONS

I, _____, Candidate or Circulator (circle one) do hereby certify that I have properly initialed the deletions of signatures, listed hereinafter by page and line numbers, from the petition of _____ (Name of Candidate) who is a candidate for election or nomination (circle one) to the office of _____ at the _____ Election to be held on _____ (date of election).

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

 (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 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. 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