

# 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](http://www.kanecountyelections.org)

October, 2017

**\*PETITIONS MAY NOT BE CIRCULATED PRIOR TO MARCH 27, 2018\***

**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

**Not Less Than 18**

**Not More Than 29**

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 18, 2018. The last day of filing is Monday, June 25, 2018 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

## FILING PERIODS

### FEDERAL, STATE AND COUNTY

November 27, 2017 – December 4, 2017  
(Petitions may not be circulated prior to  
September 5, 2017.)  
(10 ILCS 5/7-10, 7-12)

ESTABLISHED PARTY CANDIDATES

December 18, 2017 – December 26, 2017\*  
[10 ILCS 5/7-12(1)]

SPECIAL JUDICIAL FILING PERIOD  
Supreme, Appellate, or Circuit Court when a  
vacancy occurs within the three week period prior  
to the filing deadline. (i.e. vacancies occurring  
between November 13, 2017 and December 4,  
2017)

**\* THE ILLINOIS STATE BOARD OF  
ELECTIONS WILL BE CLOSED ON  
DECEMBER 25, 2017 IN OBSERVANCE OF  
CHRISTMAS.**

June 18, 2018 – June 25, 2018  
(Petitions may not be circulated prior to March 27,  
2018.)  
(10 ILCS 5/10-4, 10-6)

NEW POLITICAL PARTY CANDIDATES and  
INDEPENDENT CANDIDATES

### MUNICIPAL

October 16, 2017 – October 23, 2017 (Petitions  
may not be circulated prior to July 25, 2017.)  
[10 ILCS 5/2A-1.2(b)(3), 10-4, 10-6 (5)]

ESTABLISHED PARTY and NONPARTISAN  
OFFICERS

November 27, 2017 – December 4, 2017  
(Petitions may not be circulated prior to  
September 5, 2017.)  
[10 ILCS 5/10-4, 10-6(3)]

NEW POLITICAL PARTY and  
INDEPENDENT OFFICERS

### SCHOOL BOARDS UNDER ARTICLE 33 (City of Peoria)

October 30, 2017 – November 6, 2017  
(Petitions may not be circulated prior to  
August 8, 2017.)  
(10 ILCS 5/10-6) (105 ILCS 5/33-1)

NONPARTISAN MEMBERS

### SANITARY DISTRICTS UNDER ACT OF 1936

June 18, 2018 – June 25, 2018  
(Petitions may not be circulated prior to March  
27, 2018.)  
(10 ILCS 5/10-4, 10-6)

NONPARTISAN  
COMMISSIONERS or TRUSTEES

OFFICE: **SANITARY DISTRICT TRUSTEES** (Under Sanitary District Act of 1936)

For those districts that have chosen by referendum to elect their trustees, three trustees are to be elected for four-year terms.  
(70 ILCS 2805/3.1 and 2805/3.2)

**Contact the district office for the number of trustees to be elected.**

RESIDENCY: Resident of said district and a registered voter. (70 ILCS 2805/3)

SIGNATURE REQUIREMENTS: NONPARTISAN CANDIDATES  
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. Where 5% is greater than 25,000, 25,000 is the minimum number of signatures required. (10 ILCS 5/10-3, 10-3.1)

PETITIONS: NONPARTISAN: SBE Form P-4

STATEMENT OF CANDIDACY: Filed with nomination papers.  
NONPARTISAN: SBE Form P-1A

LOYALTY OATH: (Optional) Filed with nomination papers. SBE Form P-1C

STATEMENT OF ECONOMIC INTERESTS: Filed with the office of the county clerk. (See page 10)

FILING DATES: Not more than 141 nor less than 134 days prior to the General Election, June 18 – 25, 2018.

WHERE TO FILE: Office of the county clerk.

CAMPAIGN DISCLOSURE: Reports must be filed either on paper or electronically with the State Board of Elections, 2329 S. MacArthur Blvd., Springfield, IL 62704 or 100 West Randolph Street, Suite 14-100, Chicago IL 60601.

TERM BEGINS: The first Monday of the month following the General Election, December 3, 2018. (70 ILCS 2805/3.2)

TERM OF OFFICE: 4 years and until their successors are elected and qualified.  
(70 ILCS 2805/3.2)

STATEMENT OF CANDIDACY

NONPARTISAN

Table with 4 columns: 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 (List all names during last 3 years) UNTIL NAME CHANGED ON (List date of each name change)

STATE OF ILLINOIS )
County of ) SS.

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 (Name of Candidate) before me, on (insert month, day, year)

(SEAL)

(Notary Public's Signature)



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

We, the undersigned, qualified voters in the \_\_\_\_\_ in the County of \_\_\_\_\_ (unit of government) \_\_\_\_\_ 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--ZIP CODE
	office title:  full term or ___ year vacancy (circle one)	

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		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 (circle one) 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 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)

(SEAL)

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

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



\_\_\_\_ATTACH TO PETITION\_\_\_\_

10 ILCS 5/7-10.1

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

**L O Y A L T Y   O A T H**  
(OPTIONAL)

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

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)

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 **Clearly**)

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Name

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Each office or position of employment for which this Statement is filed

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Full Post Office Address/Home Address to which notification of an examination of this statement should be sent

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**GENERAL DIRECTIONS**

The interest (if constructively controlled by the person making this 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

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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.

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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.

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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 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.

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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".

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(Signature of person making the statement)

(date)

This will be returned to you when  
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.

**COMPLETE BUT DO NOT DETACH**

Type or Hand Print Legibly

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(office or position of employment for which this Statement is filed)

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Name

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Address

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City

State

Zip Code

All three pages must be returned to the Kane County Clerk for filing either in person or by mail. **We will return this receipt to you**, and you should keep this for your records.

Location: 719 S. Batavia Avenue, Building B  
Geneva, IL 60134

Mailing Address: Kane County Clerk  
ATTN: EIS  
719 S. Batavia Avenue, Building B  
Geneva, IL 60134