

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, 2019

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 Officers

Republican – at least **593** signatures are required

Democratic – at least **539** signatures are required

Petition Circulation begins September 3, 2019

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 25, 2019. The Kane County Clerk's office will be closed for Thanksgiving on November 28 & 29, 2019. The last day of filing is Monday, December 2, 2019 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 OFFICERS

President of County Board, County Commissioners, County Board Members (excluding Cook County)

NOMINATION PAPERS

Petitions: Established Party ([SBE Form P-10](#)); Established Party county board by district ([SBE Form P-26](#)); Independent ([SBE Form P-3](#)); New Party, at-large ([SBE Form P-8](#)); New Party, at-large and by district ([SBE Form P-8B](#))

Statement of Candidacy: Established Party ([SBE Form P-1](#)); Independent ([SBE Form P-1B](#)); New Party ([SBE Form P-1D](#))

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

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 .5% (.005) of the number of primary 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 total number of persons who voted at the last regular election in such district in which such district voted as a unit for that office. (10 ILCS 5/10-3)

New Party: Not less than 5% of the number of persons who voted the last time the district elected a member. Where 5% is greater than 25,000, 25,000 is the minimum number of signatures required. (10 ILCS 5/10-2)

For specific signature calculations, contact your county clerk.

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 100 West Randolph St., Suite 14-100, Chicago, IL 60601.

QUALIFICATIONS:

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

- 18 years of age
- United States citizen
- Resident of the county for at least one year prior to the election
- Registered voter in county or county board district

FILING PERIODS:

Established Party:

November 25 – December 2, 2019

Independent and New Party:

June 15 – June 22, 2020

TERM:

Term of office: Four years and until a successor is elected and qualified.

County Commissioner: Six years and until a successor is elected and qualified*

*Exception: Cook County term is four years

Term begins: December 7, 2020

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

Commissioner (55 ILCS 5/2-3009)

County Board Chair (55 ILCS 5/2-3007)

STATEMENT OF CANDIDACY

Table with 5 columns: NAME, ADDRESS-ZIP CODE, OFFICE, DISTRICT, PARTY. Includes a note: 'A Full Term is sought, unless an unexpired term is stated here: ___ year unexpired term'

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 (List all names during last 3 years) UNTIL NAME CHANGED ON (List date of each name change)

STATE OF ILLINOIS)
County of) SS.

I, (Name of Candidate) being first duly sworn (or affirmed), say that I reside at (Address), in the City, Village, Unincorporated Area of (Municipality), Zip Code (Zip Code), in the County of (County), State of Illinois; that I am a qualified voter therein and am a qualified Primary voter of the (Party) Party; that I am a candidate for Nomination/Election to the office of (Office) in the (District) District, to be voted upon at the primary election to be held on (Date of election) (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 Statement of Economic Interests as required by the Illinois Governmental Ethics Act and I hereby request that my name be printed upon 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)

(SEAL)

(Notary Public's Signature)

GENERAL PRIMARY PETITION

We, the undersigned, members of and affiliated with the _____ Party and qualified primary electors of the _____ Party, in the _____ of _____ in the County of _____, and State of Illinois, do hereby petition that the following named person or persons shall be a candidate(s) of the _____ Party for the nomination/election for the office or offices hereinafter specified to be voted for at the Primary 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 5/7-10.2, 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)

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 _____)
) SS.
 County of _____)

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 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 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 _____ before me, on _____
(Name of Circulator) (Insert month, day, year)

(SEAL)

(Notary Public's Signature)

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.

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**)

Name

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

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

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.

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.

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.

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.

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.

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.

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 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

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

Name

Address

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