

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 Precinct Committeeperson

Republican – at least **10** signatures are required

Democratic – at least **10** 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

WARD & PRECINCT COMMITTEEPERSON

NOMINATION PAPERS

Petitions: Established Party, Ward Committeeperson ([SBE Form P-10](#)), Precinct Committeeperson ([SBE Form P-27](#))

Statement of Candidacy: Established Party ([SBE Form P-1](#))

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

Statement of Economic Interests: Not required for party offices.

SIGNATURE REQUIREMENTS

Established Party: Ward Committeeperson – not less than 5% nor more than 8% (or 50 more than the minimum, whichever is greater*) of the primary electors of the candidate’s party in the ward. Signature requirements may be obtained from the Chicago Board of Election Commissioners (312/ 269-7900). Precinct Committeeperson – a minimum of 10 primary electors of the candidate’s party in their precinct. [10 ILCS 5/7-10(i)]

For signature calculations for Ward Committeeperson, contact the Cook County Clerk. For signature calculations for Precinct Committeeperson, contact your specific county clerk.

*Although the express language of Section 7-10(i)m which applies in this instance, requires not less than 10% nor more than 16% (or 50 more than the minimum, whichever is greater) of the primary electors of the candidate’s party in the ward, the U.S. Court of Appeals for the Seventh Circuit held in *Gjersten v. Board of Election Commissioners for City of Chicago*, 791 F. 2d 472 (7th Cir., 1986), that a signature requirement in excess of 5% is unconstitutional and thus unenforceable. Thus, 5% of the primary electors of the candidate’s party in the ward is the minimum number of signatures required for ward committeeperson petitions.

FILING INFORMATION

Established Party: Not more than 113 nor less than 106 days prior to the General Primary. [10 ILCS 5/7-12(5)]

All candidates for Ward Committeeperson will file with the office of the Cook County Clerk. All candidates for Precinct Committeeperson will file with the office of the county clerk. [10 ILCS 5/7-12(5)]

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 5/7-8(b)]

- United States citizen
- Registered voter
- Resident of that ward or precinct from which that candidate wishes to seek office

FILING PERIODS:

Established Party:

November 25 – December 2, 2019

TERM:

Term of office:

Ward Committeeperson: Four years

Precinct Committeeperson: Two years

[10 ILCS 5/7-8(b)]

Term begins: Date of completion of canvass and proclamation.

(10 ILCS 5/7-58)

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)

PRECINCT COMMITTEEPERSON PRIMARY PETITION

We, the undersigned, members of and affiliated with the _____ Party and qualified primary electors of the _____ Party, in _____ (township name and precinct number) in the County of _____, State of Illinois, do hereby petition that _____ who resides at _____ in the City, Village, Unincorporated Area of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____, County of _____ and State of Illinois, shall be a candidate of the _____ Party for election to the office of **PRECINCT COMMITTEEPERSON**, for _____ (township name and precinct number), to be voted for at the primary election to be held on _____ (date of election).

If required pursuant to 10 ILCS 5/7-10.2, 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 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)

(Notary Public's Signature)

(SEAL)

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)
) 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)