

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, 2020

PETITIONS MAY NOT BE CIRCULATED PRIOR TO SEPTEMBER 22, 2020

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 Regional Board of School Trustees

At least 50 signatures are required

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, December 14, 2020. The last day of filing is Monday, December 21, 2020 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

REGIONAL BOARD OF SCHOOL TRUSTEE (REGIONAL OFFICE OF EDUCATION)

NOMINATION PAPERS

Petitions: Single county Regional School Trustee ([SBE Form P-21A](#)); Multi-county Regional School Trustee ([SBE Form P-21](#))

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

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

Statement of Economic Interests: Filed with the county clerk of the county in which the principal office of the unit of local government with which the person is associated is located. (5 ILCS 420/4A-106)

Fair Campaign Practices Act (voluntary): Filed with the State Board of Elections or the county clerk.

QUALIFICATIONS

No person shall be eligible for the office of member of the regional board of school trustees who is not a voter of the educational service region and qualified to vote in the election for members of the regional board of school trustees, or who is a member of a school board, or who is a school board employee, or who holds any county office. (105 ILCS 5/6-3)

The regional board of school trustees, in both single county and multi-county educational service regions, shall consist of seven members. In single county regions, not more than one trustee may be a resident of any one congressional township; however, in case there are fewer than seven congressional townships in the region, then not more than two of such trustees may be residents of the same congressional township. In two-county regions, at least two trustees shall be residents of each county. In regions of three or more counties, at least one trustee shall be a resident of each county. If more than seven counties constitute the educational service region, the regional board of school trustees consists of one resident of each county. (105 ILCS 5/6-2)

SIGNATURE REQUIREMENTS

Petitions must be signed by at least 50 qualified voters from the educational service region. In addition, the petition shall specify the county and township (or road district) of the candidate's residence. (105 ILCS 5/6-10)

FILING DATES

December 14-21, 2020 (not more than 113 nor less than 106 days prior to the consolidated election).

WHERE TO FILE

Single county region candidates file with the county clerk.

Multi-county region candidates file with the State Board of Elections, 2329 S. MacArthur Blvd., Springfield, IL 62704.

TERM

7 members: 6-year terms. (105 ILCS 5/6-17)

STATEMENT OF CANDIDACY

NONPARTISAN

NAME:	OFFICE: <small>A Full Term is sought, unless an unexpired term is stated here: ___ year unexpired term</small>
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)
)
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)

**PETITION FOR NOMINATION FOR
SINGLE-COUNTY REGIONAL SCHOOL TRUSTEES
TO BE FILED WITH THE COUNTY CLERK**

We, the undersigned, being 50 or more of the voters qualified to vote, hereby petition that _____ who resides at _____ in Township (or Road District) _____, in _____ County, shall be a candidate for the office of **MEMBER OF THE REGIONAL BOARD OF SCHOOL TRUSTEES** of _____ County, to be voted for at the Consolidated Election to be held on _____ (date of election).

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)

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.

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 Mailing Address

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