

# Debbie Gillette Kendall County Clerk & Recorder

August 25, 2020

#### CONSOLIDATED ELECTION, APRIL 6, 2021

#### PETITIONS MAY NOT BE CIRCULATED PRIOR TO SEPTEMBER 22, 2020

Required number of signatures for Kendall County School Board Member – 50

Petitions may be filed in person or by mail, petitions must be received during the filing period. The first day of filing is Monday, December 14, 2020 and the last day of filing is Monday, December 21, 2020.

Petitions should be mailed to 111 W Fox St, Yorkville IL 60560 or presented in person at 111 W Fox St, Yorkville IL 60560.

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

**Kendall County Election Authority** 

## **BOARD OF EDUCATION MEMBER**

#### **Boards of Education**

#### **NOMINATION PAPERS**

Petitions: At-Large (SBE Form P-7); Districts 1-7 (SBE Form P-7A)

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**

Any person who, on the date of election, is a citizen of the United States, of the age of 18 years or over, a resident of the State and the territory encompassing the district for one year preceding the election, and a registered voter is eligible. A member shall not be a child sex offender as defined in Section 11-9.3 of the Criminal Code of 2012 and cannot serve as a school trustee. (105 ILCS 5/10-10)

#### SIGNATURE REQUIREMENTS

Petitions must be signed by at least 50 qualified voters or 10% of the voters, whichever is less, residing within the district. (105 ILCS 5/9-10)

#### **FILING DATES**

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

#### WHERE TO FILE

With the county clerk or the county board of election commissioners, as the case may be, of the county in which the principal office of the school district is located. (105 ILCS 5/9-10)

#### **TERM**

4 years (may be changed to 6 years by referendum). (105 ILCS 5/9-5)

#### **TERM BEGINS**

Within 28 days after the election. (105 ILCS 5/10-16)

#### **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 W. Randolph Street, Suite 14-100, Chicago, IL 60601.

#### X...BIND HERE...X

Suggested Revised March 2019 SBE No. P-7

#### PETITION FOR NOMINATION

PETITION FOR NOMINATION

SCHOO	L DISTRICT NUMBER	IN	COUNT	Y, ILLINOIS
We, the undersigned, being (				
	who resides at	in	the City, Village, Uninc	orporated Area
of (If uni	ncorporated, list municipality that p	rovides postal service) in Townsh	ip	in said
district shall be a candidate for the office	of	of the Board of Education (	or Board of Directors) (	full term) or
(vacancy) to be voted for at the Consolic	lated Election to be held on	(date of	election).	
A Full Term is sought, unless an unex				
· · ·	/10-5.1, complete the following (this inf UNT			
(Lis		(List date	of each name change)	
NAME	VOTER'S PRINTED	STREET ADDRESS OR	CITY, TOWN OR	COUNTY
(VOTER'S SIGNATURE)	NAME (optional)	RR NUMBER	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	_ )			
,	_ (Circulator's Name) do hereby c	ertify that I reside at		, in the
City/Village/Unincorporated Area of		_ (if unincorporated, list municipal	ity that provides postal	service) (Zip
Codo) County of	State of	that I am	19 years of ago or olds	r (or 17 voors o
Code), County of age and qualified to vote in Illinois), that	I am a citizen of the United States	s, and that the signatures on this	sheet were signed in m	y presence, no
more than 90 days preceding the last da signing were at the time of signing the p	ay of filing of the petitions and are	genuine and that to the best of m	y knowledge and belief	the persons so
respective residences are correctly state		nilical division in which the candid	ate is seeking elective	office, and their
		(Circulate	or's Signature)	
Signed and sworn to (or affirmed) by	(0)	before me, on		
	(Name of Circulator)	(II)	isen month, day, year)	
(SEAL)				
()		(Notary F	Public's Signature)	
	SHEET NO			

A TT	ACH TO	DETITION	
ALL	ACH IU	PETITION	

Suggested Revised March 2020 SBE No. P-1A

#### **STATEMENT OF CANDIDACY**

#### **NONPARTISAN**

NAME:	OFFICE	≣:
	A Full Te	erm is sought, unless an unexpired term is stated here: year unexpired term
ADDRESS – ZIP CODE:	CITY. V	ILLAGE OR SPECIAL DISTRICT:
If required pursuant to 10 ILCS 5/7-10.2, 8-8.1 or 10	0-5.1, complete the following	ng (this information will appear on the ballot)
FORMERLY KNOWN AS (List all names during I	UNTIL NAI ast 3 years)	ME 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
	-	prated Area of
(if unincorporated, list municipality that provides		
, State of Illinois;	that I am a qualified vo	oter therein, that I am a candidate for Nomination/
Election to the office of	in the	(Name of City, Village or Special District)
		(date of election) and that I am legally qualified
to hold such office and that I have filed (or I will fi	le before the close of th	e petition filing period) a Statement of Economic Interests
as required by the Illinois Governmental Ethics	Act and I hereby requ	est 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 (Na	nme of Candidate)	before me, on (insert month, day, year)
(SEAL)		(Notary Public's Signature)

ΔTT	ACH 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.				
State of Illinois	,					
I,			, do swea	ar (or affirm) that	l am a citize	en of the
United States and the State of Illi	nois, that I	am not af	filiated dired	ctly or indirectly	with any cor	mmunist
organization or any communist fro	ont organiza	tion, or an	y foreign po	olitical agency, p	arty, organiz	zation or
government which advocates the	overthrow o	of constitu	tional gover	nment by force	or other me	ans not
permitted under the Constitution of	the United S	States or th	e Constitutio	on of this State; t	hat I do not d	irectly or
indirectly teach or advocate the ov	erthrow of t	he govern	ment of the	United States o	r of this State	e or any
unlawful change in the form of the	governments	s thereof b	y force or ar	ny unlawful mear	ns.	
				(Signature (	of Candidate)	<del></del>
				(Signature t	n Candidate)	
Cianad and awarn to (ar of	firm od) by				bofe	ara ma
Signed and sworn to (or af	inned) by		(Name of C	andidate)	beid	ore me,
on (insert month, day, year)						
				(Notary P	ublic's Signa	ture)
(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)

Name		
Each office or position of employment fo	or which this statement is filed.	
ull post office address to which notifica	ition of an examination of this statement sho	uld be sent.
	General Directions	
pe considered to be the same as the	lled by the person making the statement) e interest of the person making the stater onal space is needed, please attach	ment. Campaign receipts shall not be
o which the person is required to fil excess of \$5,000 fair market value o calendar year. (In the case of real est	ownership in any entity doing business with le, in which the ownership interest held b or from which dividends in excess of \$1,20 ate, location thereof shall be listed by the s posit in a financial institution, nor any del	y the person at the date of filing is in 00 were received during the preceding street address, or if none, then by legal
Business Entity	Instrument of Ownership	Position of Management
statement was an officer, director, a	e of practice of any professional organize ssociate, partner or proprietor or served ved during the preceding calendar year.	
Name	Address	Type of Practice
which the person is required to file) to	rvices rendered (other than to the unit or use each entity from which income exceeding and calendar year by the person making the	\$5,000 was received for professional
	- — — — — — — — — — — — — — — — — — — —	— — — — — — — — — — — — — — — — — — —
when statement is filed in the office of the County Clerk.	·	of your Statement of Economic Interests, filed pursuant to the Illinois Governmental Ethics Act. The Statement was filed as of this date.
office or position of employment for w	hich this statement is filed)	
TYPE OR H	IAND PRINT	
Name		
Address		
City	State ZIP Code	

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 of 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)

Printed by authority of the State of Illinois. June 2006 — 1 — I 107.7  $\,$ 

DO NOT DETACH
(WILL BE RETURNED AS YOUR RECEIPT)