| ATTACH TO PETITION | <br>       |  |
|--------------------|------------|--|
|                    | ) DETITION |  |

Suggested Revised March 2020 SBE No. P-1A

# **STATEMENT OF CANDIDACY**

#### **NONPARTISAN**

| NAME:  | OFFICE:   |
|--|---|
|  | A Full Term is sought, unless an unexpired term is stated here: year unexpired term |
| 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 ASUN (List all names during last 3 years)                 | TIL NAME CHANGED ON(List date of each name change)                                  |
| STATE OF ILLINOIS )  |   |
| ) SS. County of)   |   |
| hain   | g first duly sworn (or affirmed), say that I reside at                              |
| ,, in the City, Village, Un  |   |
| if unincorporated, list municipality that provides postal service) 2     | Zip Code, in the County of  |
| , State of Illinois; that I am a qual                                    | fied voter therein, that I am a candidate for Nomination/                           |
| Election to the office ofi   | the(Name of City, Village or Special District)                                      |
| o be voted upon at the election to be held on                            |   |
| o hold such office and that I have filed (or I will file before the clos | e of the petition filing period) a Statement of Economic Interests                  |
| as required by the Illinois Governmental Ethics Act and I hereb          | y 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)   |

# Statement of Economic Interests to be Filed with the County Clerk

(Type or Print)

| Full Name:   |  |  | <u></u>                 |  |  |   |
|--|--|--|-------------------------|--|--|---|
| Home Address:  | Street   |  | ***                     | City   | State  | Zip                                       |
| nclude Unit of Gover   |  | which this Statement is Filed (may   |                         | •  |  |   |
| Email Address:   |  |  |                         |  |  |   |
| Home or Mobile Phor  | ne Number:   |  |                         |  | <u> </u>   |   |
|  |  | GENERAL DIRECTIONS   |                         |  |  |   |
| same as the interest oneeded, please attach the provided line. If it of the list the name and inspective of the list of the li | of the person making the supplemental listing. Ple does not apply to you, check trument of ownership in a which the ownership interesexcess of \$1,200 were received address, or if none, ther | erson making the statement) of a sponstatement. Campaign receipts shall not associated the applicable box for your city the "Not Applicable" box.  In a contity doing business with a unit of stated by the person at the date of fill its during the preceding calendar years by legal description.) No time or demander that a continuous transfer in the description. | answer o                | r select "Other select" or select "Other select" or select "Other select" or select "Other select "O | er" and specify velation to which to the control of | the person is alue, or from thereof shall |
| Business Entity  ] Business  ] Real Estate  ] Other (specify)  2. List the name, addredirector, associate, j   | Business Name  ss and type of practice of a partner or proprietor, or se   | Sole Proprietorship  | the perso               | ille III evcess  | Directors  e statement was   | an officer,<br>erived during              |
| the preceding calen  |  | Type of Professional Organization  |                         | Applicable<br>Role   |  |   |
|  |  | ☐ Law ☐ Engineering ☐ Accounting ☐ Other   | e<br>Ngarawan na katang | Officer Director Partner Other   |  |   |
| Address of Organization  | n Street Address   |  | City                    | State  | e Zip  | ·····                                     |
| required to file) to e   | ofessional services rendere<br>each entity from which inc<br>e person making the stater  | ed (other than to the unit or units of lo<br>ome exceeding \$5,000 was received fo<br>ment:  | or protess              | nment in rela<br>sional services<br>Applicable   | tion to which the<br>rendered durir  | ne person is<br>ng the preceding          |
| Professional Service  Law  Accounting Engineering Medicine Architecture Other  |  | Nature of Entity  Natural Person Corporation Partnership Governmental Unit Union Other   |                         |  |  |   |

| realized during the preceding calendar year:  | ate) of any capital asset from which a capital gain of \$5,000 or more was  Not Applicable Capital Asset Description  |
|---|---|
| Type  | total traction of the property  |
| 3 Stock   |   |
| 3 Real Estate 3 Other   |   |
| and the patient of the government   | tal action requested by any entity that has applied to a unit of local  |
| Justice the encoding colondor year if the awnership interest of   | the person filing is in excess of \$5,000 fair market value at the time of by the person filing from the entity during the preceding calendar year:  Not Applicable   |
| Name of Entity  | Action Request  |
| ·   | ☐ License   |
|   | ☐ Franchise   |
|   | D Permit  |
|   | D Other   |
|   | overnment in relation to which the person is required to file, from which g calendar year other than for professional services and the title or nand deposit in a financial institution nor any debt instrument need be   |
| Name of Entity  | Title   |
|   |   |
| <ol> <li>List the name of any unit of government that employed the person is<br/>the unit or units of government in relation to which the person is<br/>Name of Entity</li> </ol> | on making the statement during the preceding calendar year, other than required to file:    One of the content |
| 8. List the name of any entity from which a gift or gifts, or honorari received during the preceding calendar year:   | um or honoraria, valued singly or in the aggregate in excess of \$500, was  |
| Name of Entity  | Nature of Gift  |
|   |   |
|   | ·   |
| I declare that this Statement of Economic Interests (including any accompa  | RIFICATION anyling schedules and statements) has been examined by me and to the best of my should be inverted by the Illinois Governmental Ethics Act. I understand a fine not to exceed \$1,000, or imprisonment in a penal institution other than the   |

Signature of Parson Making Statement

Date

| ATTACH TO | PETITION |
|-----------|----------|
|-----------|----------|

10 ILCS 5/7-10.1

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

# LOYALTY OATH (OPTIONAL)

| United States of America            | )             | SS.          |                |                    |              |                 |
|-------------------------------------|---------------|--------------|----------------|--------------------|--------------|-----------------|
| State of Illinois                   | )             | <b>55</b> .  |                |                    |              |                 |
| I,                                  |               |              | , do sw        | /ear (or affirm) t | that I am a  | citizen of the  |
| United States and the State of Illi | inois, that I | am not a     | ıffiliated dir | ectly or indired   | tly with an  | y communist     |
| organization or any communist fro   | ont organiza  | ation, or a  | ny foreign     | political agency   | y, party, or | ganization or   |
| government which advocates the      | overthrow     | of constit   | utional gov    | ernment by for     | rce or othe  | er means not    |
| permitted under the Constitution of | the United S  | States or ti | ne Constitu    | tion of this State | e; that I do | not directly or |
| indirectly teach or advocate the ov | verthrow of   | the gover    | nment of th    | e United State     | s or of this | State or any    |
| unlawful change in the form of the  | government    | ts thereof   | by force or    | any unlawful m     | neans.       |                 |
|                                     |               |              |                |                    |              |                 |
|                                     |               |              |                |                    |              |                 |
|                                     |               |              |                | /O:                |              | :               |
|                                     |               |              |                | (Signatui          | re of Candi  | date)           |
|                                     |               |              |                |                    |              |                 |
| Signed and sworn to (or af          | firmed) by_   |              | (Name of       | Candidate)         | <del></del>  | _ before me,    |
| on                                  |               |              |                |                    |              |                 |
| (insert month, day, year)           |               |              |                |                    |              |                 |
|                                     |               |              |                |                    |              |                 |
|                                     |               |              |                | (Notary            | y Public's S | signature)      |
| (SEAL)                              |               |              |                |                    |              |                 |

Suggested Revised March 2019

|  | PETITION FO   | OR NOMINATION                         |                                    | SBE No. P-7      |
|--|---|---------------------------------------|------------------------------------|------------------|
| TO THE COUNTY CLERK OR   | COUNTY BOARD OF ELEC<br>OL DISTRICT NUMBER  |                                       |                                    |                  |
| /e, the undersigned, being (   |   |                                       |                                    |                  |
|  | who resides at  |                                       |                                    |                  |
|  | incorporated, list municipality that  |                                       |                                    |                  |
| strict shall be a candidate for the office   |   |                                       |                                    | full term) or    |
| racancy) to be voted for at the Consolid   |   |                                       | election).                         | :                |
| • •  | xpired term is stated here:  5/10-5.1, complete the following (this ir  UN  st all names during last 3 years) | nformation will appear on the ballot) |                                    |                  |
|  |   |                                       | of each name change) CITY, TOWN OR | . /              |
| NAME<br>(VOTER'S SIGNATURE)  | VOTER'S PRINTED  NAME (optional)  | STREET ADDRESS OR<br>RR NUMBER        | VILLAGE                            | COUNTY           |
| 1.   | TOTAL (Optional)  |                                       | ,IL                                | -                |
| 2.   |   |                                       | ,IL                                |                  |
| 3.   |   |                                       | ,IL                                |                  |
| 4.   |   |                                       | ,IL                                |                  |
| 5.   |   |                                       | ,IL                                |                  |
| 6.   |   |                                       | ,[L                                |                  |
| 7.   |   |                                       | ,IL                                |                  |
| 8.   |   |                                       | ,IL                                |                  |
| 9.   |   |                                       | ,lL                                |                  |
| 10.  |   |                                       | ,IL                                |                  |
|  | \   |                                       |                                    |                  |
| ounty of   |   |                                       |                                    |                  |
| bunty of   | — / (Circulator's Name) do hereby   | certify that I reside at              |                                    | , in the         |
|  |   |                                       |                                    |                  |
| City/Village/Unincorporated Area of  |   | (if unincorporated, list municipa     | ality that provides postal         | service) (Zip    |
| ode), County of<br>ge and qualified to vote in Illinois), tha<br>lore than 90 days preceding the last d<br>gning were at the time of signing the | ay of filing of the petitions and are<br>petition registered voters of the p                                  | e genuine and that to the best of n   | ny knowledge and beliet            | r tne persons so |
| espective residences are correctly state   | ed, as above set forth.   |                                       |                                    |                  |
|  |   | /Circular                             | tor's Signature)                   |                  |
| Sound and account to the officers of the   |   |                                       |                                    |                  |
| igned and sworn to (or affirmed) by  | (Name of Circulator)  | Selote file, off(I                    | nsert month, day, year)            |                  |

(SEAL)

(Notary Public's Signature)

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

TO THE COUNTY CLERK OR COUNTY BOARD OF ELECTION COMMISSIONERS HAVING JURISDICTION OVER

Suggested Revised March 2019

#### PETITION FOR NOMINATION

SBE No. P-7

| SCHOO   | OL DISTRICT NUMBER  | IN                                   | COUNT                       | Y, ILLINOIS      |
|---|---|--------------------------------------|-----------------------------|------------------|
| Ve, the undersigned, being (  | or more) (or 10% or more) (or 5   | % or more) of the voters residing v  | vithin said district, hereb | y petition that  |
|   |   | ir                                   |                             |                  |
|   |   | provides postal service) in Townsh   |                             |                  |
| strict shall be a candidate for the office  |   |                                      |                             | tull term) or    |
| acancy) to be voted for at the Consoli  |   |                                      | election).                  | . :              |
|   | 5/10-5.1, complete the following (this in                                     | formation will appear on the ballot) |                             |                  |
| FORMERLY KNOWN AS(Li  | st all names during last 3 years)   | TIL NAME CHANGED ON(List date        | of each name change)        |                  |
| NAME<br>(VOTER'S SIGNATURE)   | VOTER'S PRINTED NAME (optional)   | STREET ADDRESS OR<br>RR NUMBER       | CITY, TOWN OR<br>VILLAGE    | COUNTY           |
| 1.  |   |                                      | ,IL                         |                  |
| 2.  |   |                                      | ,IL                         |                  |
| 3.  |   |                                      | ,IL                         |                  |
| 4.  |   |                                      | ,IL                         |                  |
| 5.  |   |                                      | ,1L                         |                  |
| 6.  |   |                                      | ,IL                         |                  |
| 7.  |   |                                      | ,IL                         |                  |
| 8.  |   |                                      | ,1L                         |                  |
| 9.  |   |                                      | ,IL                         |                  |
| 10.   |   |                                      | ŢĻ.                         |                  |
| ate of  | )   |                                      |                             |                  |
| ounty of  | ) SS.<br>)  |                                      |                             |                  |
|   | (Circulator's Name) do hereby   | certify that I reside at             |                             | , in the         |
| ity/Village/Unincorporated Area of  |   | (if unincorporated, list municipa    | lity that provides postal   | service) (Zip    |
| colo) County of   | State of  | that I am                            | 18 years of age or olde     | r (or 17 vears o |
| ode), County of<br>ge and qualified to vote in Illinois), that<br>ore than 90 days preceding the last d<br>gning were at the time of signing the<br>spective residences are correctly state | ay of filing of the petitions and are<br>petition registered voters of the pe | egenuine and that to the best of m   | ny knowledge and belief     | the persons so   |
|   |   | (Circulat                            | or's Signature)             |                  |
| and and account to the affirm all to  |   | ·                                    |                             |                  |
| gned and sworn to (or affirmed) by  | (Name of Circulator)  | before me, on(li                     | nsert month, day, year)     | <del></del>      |
| <b>407.41</b> 3   | ,   |                                      |                             |                  |
| (SEAL)  |   | (Notary I                            | Public's Signature)         |                  |
|   | SHEET NO.   |                                      |                             |                  |

Suggested Revised March 2019 SBE No. P-7

| PETITION | FOR   | LICEUM.   | ATION |
|----------|-------|-----------|-------|
|          | HI JK | NI IIVIIN |       |

| SCHOOI   | L DISTRICT NUMBER   | IN                                    | COUNT                      | Y, ILLINOIS                       |
|--|---|---------------------------------------|----------------------------|-----------------------------------|
| e, the undersigned, being (  | or more) (or 10% or more) (or 5                                       | % or more) of the voters residing w   | ithin said district, hereb | y petition that                   |
|  |   |                                       |                            |                                   |
| (If unin   | corporated, list municipality that                                    | provides postal service) in Townsh    | ip                         | in said                           |
| strict shall be a candidate for the office of  | of  | of the Board of Education (           | (or Board of Directors) (  | full term) or                     |
| acancy) to be voted for at the Consolida   | ited Election to be held on   | (date of                              | election).                 |                                   |
| Full Term is sought, unless an unexp   | oired term is stated here:  | year unexpired term                   |                            | ٠.,                               |
| · ·  |   | nformation will appear on the ballot) |                            |                                   |
| FORMERLY KNOWN AS(List   | all names during last 3 years)  | (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.   |   |                                       | ,1L                        |                                   |
| 4.   |   |                                       | ,IL                        |                                   |
| 5.   |   |                                       | ,IL                        |                                   |
| 6.   |   |                                       | ,1L                        |                                   |
| 7.   |   |                                       | ,IL                        |                                   |
| 8.   |   |                                       | ,IL                        |                                   |
| 9.   |   |                                       | ,IL                        |                                   |
| 10.  |   |                                       | ,IL                        |                                   |
|  |   |                                       |                            |                                   |
| ate of   | . )<br>) SS.  |                                       |                            |                                   |
| unty of  | . )   |                                       |                            |                                   |
|  | _(Circulator's Name) do hereby  | certify that I reside at              |                            | , in the                          |
| y/Village/Unincorporated Area of   |   | (if unincorporated, list municipal    | lity that provides postal  | service) (Zip                     |
|  | 04-46   | that I am                             | 40                         | n / 47 waan                       |
| de), County of<br>e and qualified to vote in Illinois), that I   | am a citizen of the United Stat                                       | es, and that the signatures on this   | sheet were signed in m     | ir (or 17 years<br>ny presence, r |
| re than 90 days preceding the last day<br>ning were at the time of signing the pe<br>pective residences are correctly stated | of filing of the petitions and are etition registered voters of the p | e genuine and that to the best of m   | ly knowledge and belie     | f the persons                     |
|  |   |                                       |                            |                                   |
|  |   | (Circulate                            | or's Signature)            |                                   |
| ned and sworn to (or affirmed) by  |   | before me, on(Ir                      |                            |                                   |
|  | (Name of Circulator)  | (Ir                                   | nsert month, day, year)    |                                   |
|  | ,   |                                       |                            |                                   |
| (SEAL)   |   |                                       |                            |                                   |

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

Suggested Revised March 2019

#### PETITION FOR NOMINATION

SBE No. P-7

| SCHOOI  | DISTRICT NUMBER                      | IN                                    | COUNT                      | Y, ILLINOIS    |
|---|--------------------------------------|---------------------------------------|----------------------------|----------------|
| e, the undersigned, being (   |                                      |                                       |                            |                |
|   | who resides at                       | i                                     | n the City, Village, Uninc | corporated Are |
| (If unin  | corporated, list municipality that   | provides postal service) in Townsh    | nip                        | in said        |
| trict shall be a candidate for the office o   | of                                   | of the Board of Education             | (or Board of Directors) (  | full term) or  |
| cancy) to be voted for at the Consolida   |                                      |                                       |                            |                |
| Full Term is sought, unless an unexp  | oired term is stated here:           | year unexpired term                   |                            | ' <sub>w</sub> |
| * *   |                                      | nformation will appear on the ballot) |                            |                |
| CList   | UN<br>all names during last 3 years) | (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                    |                |
| 1.  |                                      |                                       | ,IL                        |                |
| 2.  |                                      |                                       | ,IL                        |                |
| 3.  |                                      |                                       | ,IL                        |                |
| 4.  |                                      |                                       | ,lL                        |                |
| 5.  |                                      |                                       | ,IL                        |                |
| 6.  |                                      |                                       | ,IL                        | :              |
| 7.  |                                      |                                       | ,IL                        |                |
| 8.  |                                      |                                       | ,IL                        |                |
| 9.  |                                      |                                       | ,1L                        |                |
| 10.   |                                      |                                       | ,1L                        |                |
|   |                                      |                                       |                            |                |
| te of   | )<br>) SS.                           |                                       |                            |                |
| unty of   | )                                    |                                       |                            |                |
|   | (Circulator's Name) do hereby        | certify that I reside at              |                            | , in the       |
| which was a state of the state | •                                    |                                       |                            |                |
| y/Village/Unincorporated Area of  |                                      | (if unincorporated, list municipa     | lity that provides postal  | service) (Zip  |
| do) County of   | State of                             | that I am                             | 18 years of age or olde    | r (or 17 veare |
| de), County of<br>e and qualified to vote in Illinois), that I  | am a citizen of the United State     | es, and that the signatures on this   | sheet were signed in m     | y presence, r  |
| re than 90 days preceding the last day  | of filing of the petitions and are   | e genuine and that to the best of n   | ny knowledge and beliet    | f the persons  |
| ning were at the time of signing the pe<br>pective residences are correctly stated  |                                      | obtical division in which the candi   | ate is seeking elective    | onice, and th  |
| •   |                                      |                                       |                            |                |
|   |                                      | /O:II                                 |                            |                |
|   |                                      | ·                                     | or's Signature)            |                |
| ned and sworn to (or affirmed) by   | (Nome of Circulates)                 | before me, on(i                       | neert month, day, year     |                |
|   | (Mame of Circulator)                 | (I                                    | nacitinoillii, uay, yeai)  |                |
| (SEAL)  |                                      |                                       |                            |                |
| (SEAL)  |                                      | (Notary                               | Public's Signature)        |                |
|   | SHEET NO                             |                                       |                            |                |

Suggested Revised March 2019

# PETITION FOR NOMINATION

NATION SBE No. P-7

| SCHOOL   | DISTRICT NUMBER                    | IN                                   | COUNT                      | Y, ILLINOIS                       |
|--|------------------------------------|--------------------------------------|----------------------------|-----------------------------------|
| Ve, the undersigned, being (   |                                    |                                      |                            |                                   |
|  | who resides at                     | i                                    | n the City, Village, Uninc | corporated Are                    |
| f(If uninc   | orporated, list municipality that  | provides postal service) in Townsl   | nip                        | in said                           |
| istrict 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 Consolidat   | ed Election to be held on          | (date of                             | election).                 |                                   |
| Full Term is sought, unless an unexpi  |                                    |                                      |                            | ٠.                                |
| If required pursuant to 10 ILCS 5/10 FORMERLY KNOWN AS                                   |                                    |                                      |                            |                                   |
| FORMERLY KNOWN AS(List a   | •                                  |                                      | of each name change)       |                                   |
| NAME   | VOTER'S PRINTED                    | STREET ADDRESS OR                    | CITY, TOWN OR              | COUNTY                            |
| (VOTER'S SIGNATURE)  | NAME (optional)                    | RR NUMBER                            | VILLAGE                    |                                   |
| 1.   |                                    |                                      | ,IL                        |                                   |
| 2.   |                                    |                                      | ,fL                        |                                   |
| 3.   |                                    |                                      | ,IL                        |                                   |
| 4.   | Quantinated Po c                   |                                      |                            |                                   |
| 5.   |                                    |                                      | ,!L                        |                                   |
| 6.   |                                    |                                      | ,iL                        |                                   |
| 7.   |                                    |                                      | ,1_                        | <del></del>                       |
| 8.   | 34444                              |                                      | ,:[                        |                                   |
| 9.   |                                    |                                      |                            |                                   |
| 10.  |                                    |                                      | ,iL                        |                                   |
|  |                                    |                                      | ) F Sun                    |                                   |
| State of   | )                                  |                                      |                            |                                   |
| county of  | ) SS.<br>)                         |                                      |                            |                                   |
|  | (Circulator's Name) do hereby      | certify that I reside at             |                            | , in the                          |
| City/Village/Unincorporated Area of  |                                    | (if unincorporated, list municipa    | ality that provides postal | service) (Zip                     |
| County of  | State of                           | that I am                            | 19 years of age or olde    | r (or 17 vegre                    |
| code), County of<br>ge and qualified to vote in Illinois), that I                        | am a citizen of the United State   | s. and that the signatures on this   | sheet were signed in m     | n (or 17 years)<br>Ny presence, n |
| nore than 90 days preceding the last day   | of filing of the petitions and are | genuine and that to the best of r    | ny knowledge and belie     | f the persons s                   |
| igning were at the time of signing the per<br>espective residences are correctly stated, |                                    | olitical division in which the candi | date is seeking elective   | office, and the                   |
|  |                                    |                                      |                            |                                   |
|  |                                    | (Circulat                            | tor's Signature)           |                                   |
| signed and sworn to (or affirmed) by   |                                    | hefore me on                         |                            |                                   |
| igned and sworn to (or affirmed) by  | (Name of Circulator)               | before me, on(l                      | nsert month, day, year)    |                                   |
|  |                                    |                                      |                            |                                   |
| (SEAL)   |                                    | (Notary                              | Public's Signature)        |                                   |
|  | ALLEET NA                          | , •                                  | . and a dignature)         |                                   |
|  | SHEET NO                           |                                      |                            |                                   |