

**STATEMENT OF CANDIDACY**

**NONPARTISAN**

<b>NAME:</b>  	<b>OFFICE:</b>  <small>A Full Term is sought, unless an unexpired term is stated here: ____ year unexpired term</small>
<b>ADDRESS – ZIP CODE:</b>  	<b>CITY, VILLAGE OR SPECIAL DISTRICT:</b>  

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)

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

(Type or Print)

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Include Unit of Government and your Title for which this Statement is Filed (may be more than one):  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Home or Mobile Phone Number: \_\_\_\_\_

## GENERAL DIRECTIONS

The interest (if constructively controlled by the person making the 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 more space is needed, please attach supplemental listing. Please check the applicable box for your answer or select "Other" and specify your answer on the provided line. If it does not apply to you, check the "Not Applicable" box.

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.

Not Applicable

Business Entity	Business Name	Instrument of Ownership	Position of Management
<input type="checkbox"/> Business	_____	<input type="checkbox"/> Stock	<input type="checkbox"/> Board of Directors
<input type="checkbox"/> Real Estate	_____	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> CEO
<input type="checkbox"/> Other (specify)	_____	<input type="checkbox"/> Partnership	<input type="checkbox"/> Partner
		<input type="checkbox"/> Other _____	<input type="checkbox"/> President
			<input type="checkbox"/> Other _____

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:

Not Applicable

Name of Professional Organization	Type of Professional Organization	Role
_____	<input type="checkbox"/> Law	<input type="checkbox"/> Officer
	<input type="checkbox"/> Engineering	<input type="checkbox"/> Director
	<input type="checkbox"/> Accounting	<input type="checkbox"/> Partner
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Address of Organization \_\_\_\_\_  
Street Address City State Zip

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:

Not Applicable

Professional Service	Nature of Entity
<input type="checkbox"/> Law	<input type="checkbox"/> Natural Person
<input type="checkbox"/> Accounting	<input type="checkbox"/> Corporation
<input type="checkbox"/> Engineering	<input type="checkbox"/> Partnership
<input type="checkbox"/> Medicine	<input type="checkbox"/> Governmental Unit
<input type="checkbox"/> Architecture	<input type="checkbox"/> Union
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

4. List the identity (including 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:  Not Applicable

<b>Type</b>	<b>Capital Asset Description</b>
<input type="checkbox"/> Stock	_____
<input type="checkbox"/> Real Estate	_____
<input type="checkbox"/> Other _____	_____

5. List the name of any entity and the nature of the governmental action requested by any entity that 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:  Not Applicable

<b>Name of Entity</b>	<b>Action Request</b>
_____	<input type="checkbox"/> License
_____	<input type="checkbox"/> Franchise
_____	<input type="checkbox"/> Permit
	<input type="checkbox"/> Other _____

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.)  Not Applicable

<b>Name of Entity</b>	<b>Title</b>
_____	_____
_____	_____
_____	_____

7. List the name of any unit of government that 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:  Not Applicable

<b>Name of Entity</b>	<b>Your Title</b>
_____	_____
_____	_____
_____	_____

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:  Not Applicable

<b>Name of Entity</b>	<b>Nature of Gift</b>
_____	_____
_____	_____
_____	_____

**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 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            )  
  )  
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

TO THE COUNTY CLERK OR COUNTY BOARD OF ELECTION COMMISSIONERS HAVING JURISDICTION OVER  
\_\_\_\_\_ SCHOOL DISTRICT NUMBER \_\_\_\_\_ IN \_\_\_\_\_ COUNTY, ILLINOIS

We, the undersigned, being (\_\_\_\_\_ or more) (or 10% or more) (or 5% or more) of the voters residing within said district, hereby petition that  
\_\_\_\_\_ who resides at \_\_\_\_\_ in the City, Village, Unincorporated Area  
of \_\_\_\_\_ (If unincorporated, list municipality that provides postal service) in Township \_\_\_\_\_ 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 Consolidated Election to be held on \_\_\_\_\_ (date of election).

**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.

\_\_\_\_\_ (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)

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(Name of Circulator) (Insert month, day, year)

(SEAL)

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