

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 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)

**SCHOOL DISTRICT
CONSOLIDATED
ELECTION APRIL
6, 2021**

NOMINATION PAPERS FILED BY A CANDIDATE CONSIST OF:

- **Nomination Petitions**
(Nominating Petitions Sheets may not be circulated more than 90 days preceding the last day for filing said petitions – First day to circulate is September 22, 2020.
- **Receipt for filing Economic Interest Statement**
(Economic Interests Statements are filed with the County Clerk in County where the principal office of school district is located).
- **Loyalty Oath (optional)**

PLACE OF FILING

Candidate nomination petitions are filed with the:

- **Tazewell County Clerk, 11 S. 4th St. Suite 203, Pekin, IL 61554 OR the County Clerk in the County in which the principal office of school district is located.**

FILING PERIOD

- **December 14, 2020 – December 21, 2020 Hours: 8:00 a.m. – 4:30 p.m., Monday through Friday.**

When nomination petitions are filed with the County Clerk, the office shall:

- **Accept the nomination papers;**
- **Issue a filing receipt;**
- **Time and date stamp the nomination papers;**
- **Provide the candidate with the Notice of Obligation(D-5);**

SIMULTANEOUS PETITION FILING LOTTERY

Petitions filed by persons waiting in line at the office of the County Clerk as of 8:00 a.m. on the first day of filing (December 14, 2020) are deemed filed simultaneously.

Any petitions filed by mail and received by the County Clerk in the first mail delivery or pickup on the first day (December 14, 2020) are also considered filed simultaneously as of 8:00 a.m. Petitions filed after the opening hour are deemed filed in the order of actual receipt.

Petitions filed the last hour of filing on the last day of filing, (December 21, 2020), will also be deemed filed simultaneously.

Persons filing simultaneously for the same office for the same district will be notified by the County Clerk of the date, time and place of a lottery to determine the order of placement on the ballot. This lottery is conducted in a fair and impartial method of random selection approved by the State Board of Elections.

WITHDRAWAL FROM CANDIDACY

Candidates who have filed petitions may withdraw. A form is in this packet for your use or the withdrawal must be:

- **in writing**
- **signed by the candidate**
- **dated**
- **notarized**
- **submitted to the County Clerk**

If petitions have been filed for two or more incompatible offices:

- **The candidate must withdraw from all but one within five business days following the last day of the filing period or**
- **his name will not be certified for any office.**

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)
)
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).

(If running for an unexpired term state "2 year unexpired term" or "4 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 _____)
) SS.
 County of _____)

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)

(SEAL)

(Notary Public's Signature)

PETITION FOR NOMINATION

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

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 County of _____)

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 (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)

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).

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State of _____)
) SS.
County of _____)

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(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)

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).

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8.			,IL	
9.			,IL	
10.			,IL	

State of _____)
) SS.
County of _____)

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)

(SEAL)

(Notary Public's Signature)

Statement of Economic Interests to be Filed with the County Clerk
Your Name Was Submitted For Filing by an Entity That You Represent
(Type or Print)

Name: _____

Each Office or Position of Employment for which this Statement is Filed: _____

Full Post Office Address: _____

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.**

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:

COMPLETE BUT DO NOT DETACH

This section will be returned to you when the Statement is filed with the County Clerk.

Office or Position of Employment for which this statement is filed _____

(Type or Print)

Name _____

Address _____

City/State/ZIP Code _____

Receipt is hereby acknowledged of your Statement of Economic Interests, filed pursuant to the Illinois Governmental Ethics Act. The Statement was filed on this date:

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:

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:

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 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:

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 Statement

Date

**DO NOT DETACH
(WILL BE RETURNED AS YOUR RECEIPT)**