### **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, 2019

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 Precinct Committeeperson

**Republican** – at least 10 signatures are required Democratic – at least 10 signatures are required

Petition Circulation begins September 3, 2019

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, November 25, 2019. The Kane County Clerk's office will be closed for Thanksgiving on November 28 & 29, 2019. The last day of filing is Monday, December 2, 2019 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

## WARD & PRECINCT COMMITTEEPERSON

#### **NOMINATION PAPERS**

Petitions: Established Party, Ward Committeeperson (<u>SBE Form P-10</u>), Precinct Committeeperson (<u>SBE Form P-27</u>) Statement of Candidacy: Established Party (<u>SBE Form P-1</u>) Loyalty Oath (optional): All candidates (<u>SBE Form P-1C</u>) Statement of Economic Interests: Not required for party offices.

#### SIGNATURE REQUIREMENTS

**Established Party:** Ward Committeeperson – not less than 5% nor more than 8% (or 50 more than the minimum, whichever is greater\*) of the primary electors of the candidate's party in the ward. Signature requirements may be obtained from the Chicago Board of Election Commissioners (312/ 269-7900). Precinct Committeeperson – a minimum of 10 primary electors of the candidate's party in their precinct. [10 ILCS 5/7-10(i)]

For signature calculations for Ward Committeeperson, contact the Cook County Clerk. For signature calculations for Precinct Committeeperson, contact your specific county clerk.

\*Although the express language of Section 7-10(i)m which applies in this

# instance, requires not less than 10% nor more than 16% (or 50 more than the minimum, whichever is greater) of the primary electors of the candidate's party in the ward, the U.S. Court of Appeals for the Seventh Circuit held in <u>Gjersten v. Board of Election</u> <u>Commissioners for City of Chicago</u>, 791 F. 2d 472 (7<sup>th</sup> Cir., 1986), that a signature requirement in excess of 5% is unconstitutional and thus unenforceable. Thus, 5% of the primary electors of the candidate's party in the ward is the minimum number of signatures required for ward committeeperson petitions.

#### **FILING INFORMATION**

Established Party: Not more than 113 nor less than 106 days prior to the General Primary. [10 ILCS 5/7-12(5)]

All candidates for <u>Ward Committeeperson</u> will file with the office of the Cook County Clerk. All candidates for <u>Precinct</u> <u>Committeeperson</u> will file with the office of the county clerk. [10 ILCS 5/7-12(5)]

**Campaign Contributions:** Reports must be filed either electronically or on paper with the State Board of Elections, 2329 S. MacArthur Blvd., Springfield, IL 62704, or 100 West Randolph St., Suite 14-100, Chicago, IL 60601.

#### **QUALIFICATIONS:**

#### [10 ILCS 5/7-8(b)]

- United States citizen
- Registered voter
- Resident of that ward or precinct from which that candidate wishes to seek office

#### FILING PERIODS:

Established Party: November 25 – December 2, 2019

#### TERM:

#### Term of office:

Ward Committeeperson: Four years Precinct Committeeperson: Two years [10 ILCS 5/7-8(b)]

**Term begins:** Date of completion of canvass and proclamation. (10 ILCS 5/7-58)

#### STATEMENT OF CANDIDACY

NAME	ADDRESS-ZIP CODE	OFFICE	DISTRICT	PARTY	
		A Full Term is sought, unless an unexpired term is stated here: year unexpired term			
If required pursuant to 10 ILCS 5/7	-10.2, 8-8.1 or 10-5.1, complete		n will appear on the ba	allot)	
FORMERLY KNOWN AS(List al	I names during last 3 years)	INTIL NAME CHANGED ON	(List date of each	name change)	
STATE OF ILLINOIS	) ) SS.				
County of	)				
I, (Name of Candidate) being first duly sworn (or affirmed), say that I					
reside at	,	in the City, Villag	ge, Unincorporated	d Area of	
(if unincorporated, list municipality that provides postal service) Zip Code, in					
the County of	, State of Illinois; t	that I am a qualified voter	therein and am a qu	alified Primary	
voter of the	Party; that	at I am a candidate for N	omination/Election te	o the office of	
	in the	District, to be voted upo	n at the primary elec	tion to be held	
on	_ (date of election) and that	I am legally qualified (inclue	ding being the holder	of any license	
that may be an eligibility requirement for the office to which I seek the nomination) 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 Ir	nterests as required	by the Illinois	
Governmental Ethics Act and I hereby request that my name be printed upon the official					
(Name of Party) Primary ballot for	Nomination/Election for suc	ch office.			

(Signature of Candidate)

Signed and sworn to (or affirmed) by \_

(Name of Candidate)

\_before me, on

(insert month, day, year)

#### PRECINCT COMMITTEEPERSON **PRIMARY PETITION**

We, the undersigned, members of and affiliated with the	Party and qualified primary electors of the
Party, in	(township name and precinct number) in the County of
,State of Illinois, do hereby petition that	who resides at
in the City, Village, Unincorporated	Area of (if unincorporated, list
municipality that provides postal service) Zip Code, County of	and State of Illinois, shall be a candidate of the
Party for election to the office of <b>PRECINCT COMMITTE</b>	EEPERSON , for (township
name and precinct number), to be voted for at the primary election to be held on	(date of election).
If required pursuant to 10 ILCS 5/7-10.2, 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. )	•		
I,		certify that I reside at		, in th
City/Village/Unincorporated Area of				
County of, State of				
a citizen of the United States, and that t	he signatures on this sheet were	signed in my presence, not more t	han 90 days preceding	the last day for
filing of the petitions and are genuine an	d that to the best of my knowledge	e and belief the persons so signing	were at the time of sig	ning the petitio

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	(Name of Circulator)	before me, on	(Insert month, day, year)	
(SEAL)			(Notary Public's Signature)	

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

Suggested Revised July, 2004 SBE No. P-2A

#### **CERTIFICATION OF DELETIONS**

l,	, Candidate or Circ	ulator (circle one) do hereby certify that I
have properly initialed the deletions	of signatures, listed hereinafter by pa	ge and line numbers, from the petition of
	(Name of Candidate) who i	s a candidate for election or nomination
(circle one) to the office of	at1	heElection to be
held on	(date of election).	

Page No.	Line No.	Page No.	Line No.	Page No.	Line No.
1 age 140.				i age i to.	

(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. \_\_\_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	)	

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\_\_\_\_\_

(Name of Candidate)

on \_\_\_

(insert month, day, year)

(Notary Public's Signature)

before me,

(SEAL)