

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.

CANDIDATE CHECKLIST

- Meet **residency, age, and other qualifications** for the specific office

- File paperwork with the **SBE Campaign Disclosure division** or the **Federal Election Commission** regarding finances (if needed)

- File a notarized **Statement of Candidacy** including (but not limited to):
 - Your name
 - Your address
 - Office sought
 - Party
 - Office location (for example, the district or county)
 - Date of the election

- File a **Statement of Economic Interests receipt** (does not apply to federal offices or political party offices)

- File a **Loyalty Oath** (optional)

- File a **Code of Fair Campaign Practices** (optional)

- File notarized **petition sheets** with the required number of signatures, numbered consecutively starting with the number "1"

- Include **Certificate of Deletions** with petitions, numbered consecutively starting with the number "1" (if applicable)

- Fill out **data entry card** (for people who file with the State Board of Elections) and place on top of nominating petition packet (does not need to be attached to packet)

- File with the appropriate** election authority (see specific office in this guide for details)

Note: This checklist is not binding and should not be construed as sufficient argument in response to any objection or legal argument. If you have further questions, you may contact the division of Election Operations at the State Board of Elections or your legal counsel.

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)

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

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

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

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

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

<p>Name of Entity</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Nature of Gift</p> <p>_____</p> <p>_____</p> <p>_____</p>
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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).

A 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.

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 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)

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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County of _____) SS.

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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.

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(SEAL)

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State of _____)
County of _____)

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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)

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(SEAL)

(Notary Public's Signature)

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State of _____)
) SS.
 County of _____)

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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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County of _____)

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

(SEAL)

(Notary Public's Signature)