

**GENERAL ELECTION – NOVEMBER 8, 2022**

**County Clerk  
Sheriff  
Treasurer**

4-year term  
4-year term  
4-year term

**ELIGIBILITY/RESIDENCY:** A candidate must be a qualified registered voter in the district for which he/she seeks to be a candidate. (10 ILCS 5/5-7)

**CIRCULATION PERIOD:** April 13, 2022 through July 11, 2022. (10 ILCS 5/2A-1.1b)

**SIGNATURE REQUIREMENTS:** See attached "Signature Requirements." (10 ILCS 5/2A-1.1b)

**NOMINATION PAPERS** must contain:

1. **Statement of Candidacy:** #P-1B or #P-1D (10 ILCS 5/7-10)

The form of the candidate's name for inclusion on the ballot will be taken from the Statement of Candidacy. The Statement of Candidacy form must include, among other requirements, the candidate's name, the candidate's legal address and the office sought. The form of the candidate's name may include his or her given name, initials, or nickname.

**Changes cannot be made after the filing of the nomination papers.**

2. **Petition for Nomination:** #P-3, #P-8 or #P-8B (10 ILCS 5/7-10, 7-10.2)

The top of each petition page must include the candidate's name, legal address, title of office, term and district (if applicable). The form of the candidate's name should be the same on every petition for nomination page. The form of the candidate's name may include their given name, initials, or nickname. No degree or title may be used, with the exception of the title "Mrs."

**Candidates must have the required number of signatures as indicated on the following page.**

The person circulating the petition for nomination must complete and sign the bottom portion in the presence of a notary. Each petition page must be notarized. The person circulating the petition for nomination may not notarize their own circulator's affidavit and signature. Blank petition pages may be photocopied or additional forms are available from the Kankakee County Clerk's office.

**All petition pages must be the same size (either legal or letter), fastened together and numbered.**

3. **Statement of Economic Interests:** (5 ILCS 420/4A-105, 4A-106)

Required by the Illinois Governmental Ethics Act, **this form must be filed with the County Clerk and a receipt issued. The receipt must be filed with the petition papers. The receipt is the only form that may be added to your petition papers once they have been filed. Filing the receipt later will not change the date or time of the original filing, but it must be filed with the County Clerk's office by close of business on July 11, 2022. NOTE:** A candidate who filed a Statement of Economic Interests for the same unit of government within the calendar year need only file a duplicate receipt, which is available at the County Clerk's office.

4. **Loyalty Oath:** #P-1C (optional) (10 ILCS 5/7-10.1)

If completed, file with nomination papers.

**FILING DATES AND PROCEDURES:** (10 ILCS 5/2A-1.1b)

1. Nomination papers are filed **Tuesday, July 5, 2022 through Monday, July 11, 2022**, with the Kankakee County Clerk during normal office hours. Petitions may be filed in person by the candidate or a representative, or by mail. **Nomination papers received in the mail before the first day of the filing period will be returned to the sender as not filed.**
2. Nomination papers will be stamped noting the day and hour filed. A receipt is issued to the filer. All petitions filed by persons waiting in line at 8:30 a.m. on the first day of filing, **July 5, 2022**, and those petitions received in the day's first mail delivery are deemed "**simultaneously**" filed. Petitions filed within the last hour of filing on **July 11th** are also deemed "**simultaneously**" filed.
3. Candidates for established political parties appear first on the ballot followed by new political party candidates and finally, by independent candidates. Ballot position within each of these categories is determined by the time of filing. A public lottery determines ballot position when two or more petitions from the same political party are simultaneously filed for the same office. The Kankakee County Clerk will notify candidates involved in the lottery of the time and place the lottery is to be held.

This packet of information is being provided by the Kankakee County Clerk's office as a courtesy to prospective candidates. Information and suggested forms are also available on the Illinois State Board of Elections website at [www.elections.il.gov](http://www.elections.il.gov). It is important to note that Nominating Petition papers are subject to legal challenge by objectors if improperly completed. The Electoral Board, chaired by the County Clerk, holds hearings to consider and resolve these objections. However, please be advised that the County Clerk and staff are not able to provide legal opinions to individuals regarding their petition papers. Prospective candidates are encouraged to consult their own legal advisors on questions related to qualifications for office, preparation of petition papers, circulator requirements, signature requirements, etc., because once the petition papers are officially filed they cannot be changed or amended.

STATEMENT OF CANDIDACY NEW POLITICAL PARTY

Form with fields: NAME, ADDRESS - ZIP CODE, PARTY, OFFICE, CITY, VILLAGE, COUNTY, DISTRICT OR STATE. Includes note: 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 the following (this information will appear on the ballot)

FORMERLY KNOWN AS (List all names during last 3 years) UNTIL NAME CHANGED ON (List date of each name change)

STATE OF ILLINOIS )
County of ( ) SS.

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 election to the office of \_\_\_\_\_ in the \_\_\_\_\_ (Name of City, Village, Township, County, District or State)

to be voted upon at the election to be held on \_\_\_\_\_ (date of election) and that I am legally qualified (including being the holder of any license that may be an eligibility requirement for the office to which I seek election) 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 election to such office.

\_\_\_\_\_  
(Signature of Candidate)

Signed and sworn to (or affirmed) by \_\_\_\_\_, on \_\_\_\_\_ (Name of Candidate) (insert month, day, year)

(SEAL) \_\_\_\_\_ (Notary Public's Signature)

**PETITION FOR NOMINATION AND FORMATION OF A NEW POLITICAL PARTY  
(IN COUNTIES IN WHICH OFFICERS ARE TO BE ELECTED FROM DISTRICTS AND AT-LARGE)**

We, the undersigned, qualified voters of District Number \_\_\_\_\_ in the County of \_\_\_\_\_, State of Illinois, do hereby declare that it is our intention to form a new political party in such county to be known as the \_\_\_\_\_ Party and the following named persons shall be candidates of such party for the offices hereinafter specified to be voted at the election to be held on \_\_\_\_\_ (date of election).

(A Full term is sought by each candidate in slate unless an unexpired term is specified along with the office in the "OFFICE" space provided below)

NAME OF CANDIDATE	COUNTY OFFICE	ADDRESS - ZIP CODE

**NAMES OF CANDIDATES FOR OFFICES TO BE ELECTED BY DISTRICTS**

NAME OF CANDIDATE	OFFICE OF COUNTY BOARD MEMBER	ADDRESS - ZIP CODE
	District No. _____	
	District No. _____	

For any candidate subject to the requirements of 10 ILCS 5/10-5.1, mark his/her name with an asterisk (\*) and 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	

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)



STATEMENT OF ECONOMIC INTERESTS

**INSTRUCTIONS:**

You may find the following documents helpful to you in completing this form: (1) federal income tax returns, including any related schedules, attachments and forms; and (2) investment and brokerage statements.

To complete this form, you do not need to disclose specific amounts or values or report interests relating either to political committees registered with the Illinois State Board of Elections or to political committees, principal campaign committees, or authorized committees registered with the Federal Election Commission.

The information you disclose will be available to the public.

You must answer all 6 questions. Certain questions will ask you to report any applicable assets or debts held in or payable to your name; held jointly by, or payable to, you with your spouse; or held jointly by, or payable to, you with your minor child. If you have any concerns about whether an interest should be reported, please consult your department's ethics officer, if applicable.

Please ensure that the information you provide is complete and accurate. If you need more space than the form allows, please attach additional pages for your response. If you are subject to the State Officials and Employees Ethics Act, your ethics officer must review your statement of economic interests before you file it. Failure to complete the statement in good faith and within the prescribed deadline may subject you to fines, imprisonment or both.

\_\_\_\_\_  
Name (print on line above)

\_\_\_\_\_  
Job Title (Office, Department or Agency that requires you file this form)

\_\_\_\_\_  
Other Offices, Departments or Agency that requires you to file a Statement of Economic Interests requires you to file this form

\_\_\_\_\_  
Residential Address (City/State/Zip Code)

\_\_\_\_\_  
Preferred Email (Optional)

1. If you have any single asset that was worth more than \$10,000 as of the end of the preceding calendar year and is held in, or payable to, your name, held jointly by, or payable to, you with your spouse, or held jointly by, or payable to, you with your minor child, list such assets below. In the case of investment real estate, list the city and state where the investment real estate is located. If you do not have any such assets, list "none" below.

2. Excluding the position for which you are required to file this form, list the source of any income in excess of \$7,500 required to be reported during the preceding calendar year. If you sold an asset that produced more than \$7,500 in capital gains in the preceding calendar year, list the name of the asset and the transaction date on which the sale or transfer took place. If you had no such sources of income or assets, list "none" below.

Source of Income/Name of Asset

Date Sold (if applicable)

3. Excluding debts incurred on terms available to the general public, such as mortgages, student loans, and credit card debt, if you owed any single debt in the preceding calendar year exceeding \$10,000, list the creditor of the debt below. If you had no such debts, list "none" below. List the creditor for all applicable debts owed by you, owed jointly by you with your spouse, or owed jointly by you with your minor child. In addition to the types of debts listed above, you do not need to report any debts to or from financial institutions or government agencies, such as debts secured by automobiles, household furniture or appliances, as long as the debt was made on terms available to the general public, debts to members of your family, or debts to or from a political committee registered with the Illinois State Board of Elections or any political committee, principal campaign committee, or authorized committee registered with the Federal Election Commission.

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**(DO NOT DETACH)**

*This will be returned to you when statement is filed in the Office of the County Clerk*

Receipt is hereby acknowledged of your Statement of Economic Interests, filed pursuant to the Illinois Governmental Ethics Act.

**Filed as of this date below:**

\_\_\_\_\_  
Office(s) or Position(s) for which this statement is filed.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address (including City/State/Zip Code)

4. List the name of each unit of government of which you or your spouse were an employee, contractor, or office holder during the preceding calendar year other than the unit or units of government in relation to which the person is required to file and title of the position or nature of the contractual services.

Name of Unit of Government

Title of Nature of Services

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. If you maintain an economic relationship with a lobbyist or if a member of your family is known to you to be a lobbyist registered with any unit of government in the State of Illinois, list the name of the lobbyist below and identify the nature of your relationship with the lobbyist. If you do not have an economic relationship with a lobbyist or family member known to you to be a lobbyist registered with any unit of government in the State of Illinois, list "none" below.

Name of Lobbyist

Relationship to Filer

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. List the name of each person, organization, or entity that was a source of a gift or gifts, or honorarium or honoraria, valued singly or in the aggregate in excess of \$500 received during the preceding calendar year and the type of gift or gifts, or honorarium or honoraria, excluding any gift or gifts from a member of your family that was not known to be a lobbyist registered with any unit of government in the State of Illinois. If you had no such gifts, list "none" below.

7. List the name of any spouse or immediate family member living with the person making this statement employed by a public utility in this State and the name of the public utility that employs the relative.

Name and Relation

Public Utility

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**VERIFICATION:**

*"I declare that this statement of economic interests (including attachments) 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 is a fine not to exceed \$2,500 or imprisonment in a penal institution other than the penitentiary not to exceed one year, or both fine and imprisonment."*

\_\_\_\_\_  
Printed name of filer (on line above)

\_\_\_\_\_  
Signature of filer

\_\_\_\_\_  
Date

If this statement of economic interests requires ethics SB2408 Enrolled LRB102 11366 BMS 16699b Public Act 102-0662 officer review prior to filing, the applicable ethics officer must complete the following: CERTIFICATION OF ETHICS OFFICER REVIEW: *"In accordance with law, as Ethics Officer, I reviewed this statement of economic interests prior to its filing."*

Printed Name of Ethics Officer \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Preferred e-mail address (optional) \_\_\_\_\_

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

**Signature Requirements**

**Independent and New Party Candidates**

**General Election – Tuesday, November 8, 2022**

**County Board Members**

**Independent 76-126 Signatures**

**New Party 76 Signatures**

**Countywide Offices**

**Independent 2516-4024 Signatures**

**New Party 2516 Signatures**