

FEBRUARY AND APRIL 2025 ELECTIONS

ESTABLISHED POLITICAL PARTIES, INDEPENDENT, NEW POLITICAL PARTY AND NONPARTISAN OFFICES TO BE ELECTED

- MUNICIPAL
Mayor or President
Clerk
Treasurer
Alderman or Trustee
- TOWNSHIP
Supervisor
Clerk
Assessor
Highway Commissioner
Trustees
- PARK DISTRICT – Commissioners, Trustees
- PUBLIC LIBRARY DISTRICT – Trustees
- TOWNSHIP AND MUNICIPAL LIBRARY – Trustees
- REGIONAL BOARD OF SCHOOL TRUSTEES – Trustees
- SCHOOL DISTRICT – Board Members
- COMMUNITY COLLEGE DISTRICT – Trustees
- FIRE PROTECTION DISTRICT – Trustees

FILING DATES AND DEADLINES:

October 21-28 2024 Filing period for candidates seeking nomination at the **FEBRUARY 25, 2025 Consolidated Primary Election**. Petitions may NOT be circulated prior to July 30, 2024. File with local election official in main district office.

November 12-18, 2024 Filing period for candidates seeking election at the **APRIL 1, 2025 Consolidated Election**.

Petitions may NOT be circulated prior to August 20, 2024. All candidates, except school board members, MUST file with local election official in main district office.

SIGNATURE REQUIREMENTS:

Established Party Candidates: Ballots Cast (highest # within party) x .5% (.5% (.005) of the qualified **primary** electors of their **party**. For political subdivisions, the number of primary electors shall be determined by taking the total vote cast for the candidate for that political party who received the highest number of votes in the political subdivision at the last regular election at which an officer was regularly scheduled to be elected from that subdivision.

Independent Candidates: Ballots Cast x 5% =minimum
Ballots Cast x 8% = maximum (or 50 more than the minimum)

New Party Candidates: Ballots Cast x 5%

Park District Candidates: Ballots Cast x 2% or not less than 25

Public Library Candidates: Ballots Cast x 2% or 50 signatures, whichever is less.

Municipal/Township Library Candidates: 25 minimum

Fire Protection District Candidates: 5% of registered voters or 25, whichever is less.

Board of Education Candidates: 10% of registered voters or 50 signatures, whichever is less.

NOMINATION PAPERS MUST BE SECURELY FASTENED TOGETHER AND INCLUDE:

STATEMENT OF CANDIDACY – Must include the candidate's name, the candidate's legal address and the office sought. Changes cannot be made after the filing of the nomination papers.

NOMINATING PETITIONS WITH NUMBER OF SIGNATURES REQUIRED (*pages sequentially numbered*) – *The form of the candidate's name for the ballot will be taken from the first numbered page of the nomination petition. The top of each petition page must include the candidate's name, legal address, title of office, term and district.*

LOYALTY OATH (*optional*)

RECEIPT OF FILING STATEMENT OF ECONOMIC INTEREST - *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 nomination papers once they have been filed.*

CERTIFICATION OF DELETIONS – *This form is completed by the candidate or circulator deleting a name from the petition for nomination. A separate form must be used by each person striking signatures.*

CERTIFICATION OF ATTACHED LIST OF DELETIONS – *This form is completed by the candidate in addition to the Certificate of Deletions if names are deleted from the petitions.*

Disclaimer: *This is not legal advice. The McHenry County Clerk's office is providing this for general information purposes only. All candidates should consult with legal counsel regarding election matters. The McHenry County Clerk's office cannot recommend an attorney or give legal advice on these matters. For the complete Election Calendar and Candidates Guide please visit the Illinois State Board of Elections Website: www.elections.state.il.us*

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)

**PETITION FOR NOMINATION FOR
SINGLE-COUNTY REGIONAL SCHOOL TRUSTEES
TO BE FILED WITH THE COUNTY CLERK**

We, the undersigned, being 50 or more of the voters qualified to vote, hereby petition that _____ who resides at _____ in Township (or Road District) _____, in _____ County, shall be a candidate for the office of **MEMBER OF THE REGIONAL BOARD OF SCHOOL TRUSTEES** of _____ County, 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)

(Notary Public's Signature)

(SEAL)

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)
) 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 _____ before me,
(Name of Candidate)

on _____.
(insert month, day, year)

(Notary Public's Signature)

(SEAL)

STATEMENT OF ECONOMIC INTERESTS

TO BE FILED WITH THE COUNTY CLERK

FILED

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 7 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.

BASIC INFORMATION:

Name **Job Title**

Office, department, or agency that requires you to file this form

Other offices, departments, or agencies that require you to file a Statement of Economic Interests form

Full Mailing Address

Preferred E-Mail Address (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 debts, 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.

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 the title of the position or nature of the contractual services.

Name of Unit of Government	Title or 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 a 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 the 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 any 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

Date

Signature

If this statement of economic interests requires ethics 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

Date

Signature

Preferred E-Mail Address (Optional)

NOTE: THIS STATEMENT OF ECONOMIC INTERESTS MUST INCLUDE THE FILER'S ORIGINAL SIGNATURE. THE ORIGINAL FORM MUST BE FILED IN THE OFFICE OF THE COUNTY CLERK, 667 WARE ROAD, ROOM 107, WOODSTOCK, ILLINOIS, 60098.