

GENERAL ELECTION – NOVEMBER 3, 2020

ELIGIBILITY/RESIDENCY: A candidate must be a resident of the sanitary district and a qualified registered voter. (70 ILCS 2805/3)

CIRCULATION PERIOD: March 24, 2020 through June 22, 2020 (10 ILCS 10-4, 10-6)

SIGNATURE REQUIREMENTS: It is always recommended to obtain more signatures than required. Please feel free to make additional copies of petitions as needed. You may also find it helpful to complete the top portion of your petition before copies are made so they all will be consistently the same for your circulator(s). (70 ILCS 2805/3.2; 10 ILCS 5/10-3 and 10-3.1)

LOCKPORT HEIGHTS SANITARY DISTRICT (4-year term):
1 TRUSTEE

	Signatures Required
Minimum	15
Maximum	65

A nonpartisan candidate for sanitary district trustee must submit nomination papers signed by qualified voters of the sanitary district equaling not less than 5% nor more than 8% (or 50 more than the minimum, whichever is greater) of the number of persons who voted at the LAST election the sanitary district elected a member.

NOMINATION PAPERS: (see next page for more information)

Statement of Economic Interests
Statement of Candidacy
Petition for Nomination
Loyalty Oath
Certification of Deletions
Certificate of Attached Deletions

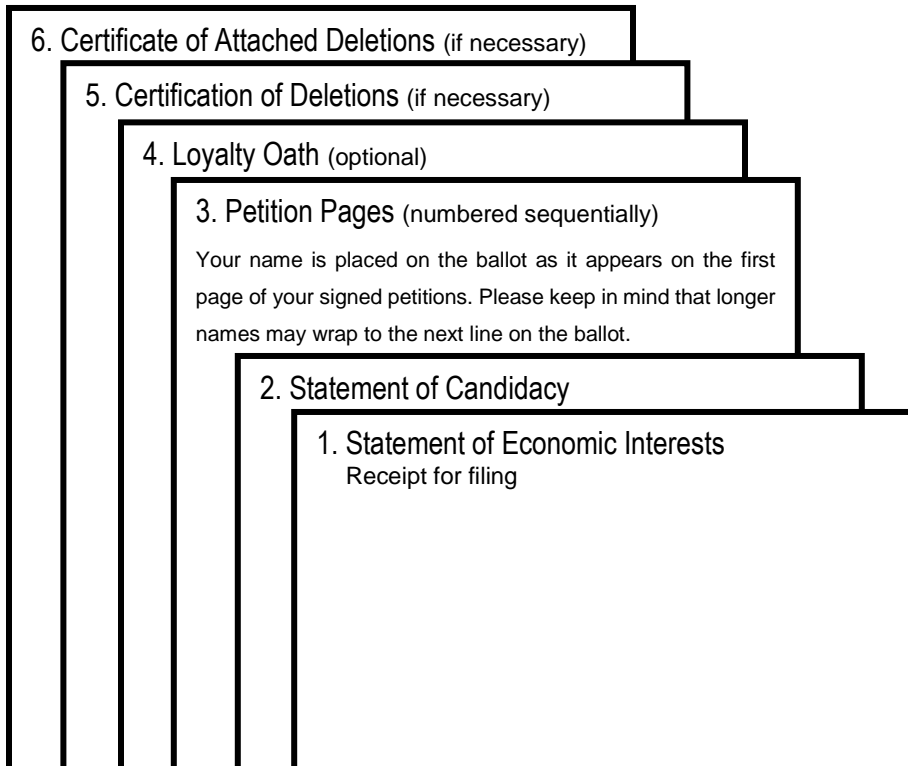
FILING DATES AND PROCEDURES: (10 ILCS 10-6)

1. Nomination papers are filed **Monday, June 15, 2020 through Monday, June 22, 2020, with the Will County Clerk** during normal office hours (with the exception of June 22, 2020 when the office will remain open until 5:00 p.m.). Petitions may be filed in person by the candidate or a representative or by mail. **Petitions received in the mail before the first day of the filing period will be returned to the sender as not filed.**
2. Petition papers will be stamped noting the date 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, June 15, 2020, and those petitions received in the day's first mail delivery are deemed **"simultaneously"** filed, as well as the last hour of the filing period on June 22, 2020.
3. Ballot position is determined by the time of filing. A public lottery determines ballot position when two or more petitions are simultaneously filed for the same office as of the opening hour or within the last hour of the filing period. The Will 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 Will 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 elections.il.gov. It is important to note that nominating petition papers are subject to legal challenge by objectors if improperly completed. The Will County Electoral Board, chaired by the Will County Clerk, holds hearings to consider and resolve these objections. However, please be advised that the Will 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 in the Office of the Will County Clerk, they cannot be changed or amended.

ATTENTION CANDIDATES

YOUR PETITIONS MUST BE BOUND (EITHER BY STAPLE OR FASTENER) IN THE FOLLOWING MANNER AND FILED IN THE COUNTY CLERK'S OFFICE, 302 N. CHICAGO ST., JOLIET MONDAY, JUNE 15, 2020 THROUGH MONDAY, JUNE 22, 2020



- 1. Statement of Economic Interests:** (10 ILCS 5/10-5)
Required by the Government Ethics Act, this form must be filed with the County Clerk and a receipt issued. **If you are a current incumbent, the County Clerk's Office will issue a duplicate receipt when you pick up your petition packet.** 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 by 5:00 p.m. June 22, 2020.*
- 2. Statement of Candidacy:** CC #P-1A (10 ILCS 5/10-5, 10-5.1)
The Statement of Candidacy form includes the candidate's name, the candidate's voter registration address and the office sought. The form of the candidate's name may include their given name, initials or nickname.
- 3. Petition for Nomination:** CC #P-4 (10 ILCS 5/10-3, 10-4, 10-5.1)
The form of each candidate's name for the inclusion on the ballot will be taken from the first numbered page of the nominating petition. Each petition page must include the candidate's name, voter registration address and title of office in the box at the top of each petition page. The form of the candidate's name should be the same on each Petition for Nomination page and may include their given name, initials or nickname. No degree or title may be used, with the exception of the title "Mrs.". *Effective 6-1-2007, any candidate who has changed his/her name during the 3 years before filing, must reference their former name(s) and the date(s) changed.* This does not apply to a change resulting from adoption, marriage or divorce.

Candidates must have the required number of signatures indicated on the sheet included in this packet. 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. Petition pages may be photocopied or additional forms are available from the County Clerk's Office. **All petition pages must be the same size.** You may also e-mail a request for a petition packet to elections@willcountyillinois.com or download and print from our website thewillcountyclerk.com. A listing of who pulled petitions from the Will County Clerk's Office will be available each morning on our website.
- 4. Loyalty Oath:** CC #P-1C (Optional)
If completed, file with petition papers.
- 5. Certification of Deletions:** CC #P-2A (10 ILCS 5/10-3) - *If necessary*
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 (candidate or circulator) striking signatures.
- 6. Certificate of Attached Deletions:** CC #P-2B (10 ILCS 5/10-3) - *If necessary*
This form must be completed **in addition to** the Certification of Deletions if names are deleted from the Petition for Nomination.

Your Name Was Submitted For Filing by an Entity That You Represent

STATEMENT OF ECONOMIC INTERESTS TO BE FILED WITH THE COUNTY CLERK

(Type or Hand Print)

Name

Each office or position of employment for which this statement is filed.

CANDIDATE FOR:

Full post office address to which notification of an examination of this statement should be sent.

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 additional 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.

Table with 3 columns: 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.

Table with 3 columns: 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.

Blank lines for listing professional services

(COMPLETE BUT 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. The Statement was filed as of this date.

(office or position of employment for which this statement is filed)

TYPE OR HAND PRINT

Name

Address

City State Zip Code

4. List the identity (including the 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 which 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 which 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.

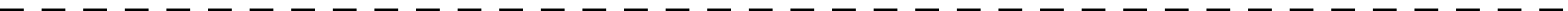
8. List the name of any entity from which a gift or gifts, or honorarium or honoraria, valued singly or in the aggregate in excess of \$500, was received during the preceding calendar year.

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 the Statement) (Date)

Printed by authority of the State of Illinois. August 2006 – 75M – I 107.7



DO NOT DETACH
(WILL BE RETURNED AS YOUR RECEIPT)

**STATEMENT OF CANDIDACY
NONPARTISAN**

Name _____		Phone _____	
Address _____		City _____ Zip _____	
Office <u>TRUSTEE</u>	Term <u>4 YEARS</u>	District <u>LOCKPORT HEIGHTS SANITARY DISTRICT</u>	
	<i>(Number of Years)</i>	<i>(If Applicable)</i>	

(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 above)

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) *(Date of each name change)*

STATE OF ILLINOIS }
COUNTY OF WILL } SS.

I, _____ being first duly sworn (or affirmed), say that I reside at
(Candidate's Name)

_____ in the _____ of
(Street Address) *City / Village / Unincorporated Area* *(Circle One)*

_____, _____ in Will County, in the State of Illinois;
(If unincorporated, list municipality that provides postal service.) *(Zip Code)*

that I am a qualified voter therein, that I am a candidate for **election** to the office of Lockport Heights Sanitary District Trustee
(Office)

to be voted upon at the **General Election to be held the 3rd day of November, 2020**; that I am legally qualified to hold such office (including being the holder of any license that may be an eligibility requirement for the office I seek). I have filed (or will file before the close of the petition filing period) a Statement of Economic Interests, 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)

Subscribed and sworn to (or affirmed) by _____
(Printed Name of Candidate)

before me, this _____ day of _____, 20____.
(Date) *(Month)* *(Year)*

(Signature of Notary Public)

(SEAL)

**NONPARTISAN PETITION
(NON-MUNICIPAL AND COMMSSION FORM OF MUNICIPALITY)**

We, the undersigned, qualified voters in the Lockport Heights Sanitary District, County of Will and State of Illinois, do hereby petition that the following named person shall be a Nonpartisan Candidate for **election** to the office hereinafter specified, in the aforesaid unit of government, to be voted for at the **General Election to be held the 3rd day of November, 2020.**

Name _____		Phone _____	
Address _____		City _____	Zip _____
Office <u>TRUSTEE</u>	Term <u>4 YEARS</u> <i>(Number of Years)</i>	District <u>LOCKPORT HEIGHTS SANITARY DISTRICT</u> <i>(If Applicable)</i>	

(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 above)

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)*

VOTER'S SIGNATURE	VOTER'S PRINTED NAME	STREET ADDRESS	CITY/TOWN/VILLAGE	COUNTY
1.				Will, IL
2.				Will, IL
3.				Will, IL
4.				Will, IL
5.				Will, IL
6.				Will, IL
7.				Will, IL
8.				Will, IL
9.				Will, IL
10.				Will, IL

STATE OF ILLINOIS }
COUNTY OF WILL } SS.

I, _____, do hereby certify that I reside at
(Circulator's Name)

_____ in the _____
(Street Address) *(Circle One)*

of _____, _____ in the County of _____, State of _____;
(If unincorporated, list municipality that provides postal service.) *(Zip Code)*

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, registered voters of the political division in which the candidate is seeking **elective office**, and that their respective residences are correctly stated as above set forth.

(Signature of Circulator)

Subscribed and sworn to (or affirmed) by _____
(Printed Name of Circulator)

before me, this _____ day of _____, 20____.
(Date) *(Month)* *(Year)*

(SEAL)

(Signature of Notary Public)

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)

Subscribed and sworn to (or affirmed) by _____
(Printed Name of Candidate)

before me, this _____ day of _____, 20____.
(Date) (Month) (Year)

(Signature of Notary Public)

(SEAL)

