STATE BOARD OF ELECTIONS

TO: **POTENTIAL CANDIDATES (Established Party)**

FROM: **STATE BOARD OF ELECTIONS**

SUBJECT: **PETITION FILING INSTRUCTIONS**

DATE: **August 2015**

You are strongly advised to obtain legal advice on the following subjects: (1) your legal qualifications for office; (2) the proper method for completing the petition forms with respect to the office; (3) the minimum number of signatures required; and (4) the qualifications of the signers and circulators, etc. **The State Board of Elections does not provide legal advice to candidates.**

The attached forms are prescribed by Illinois Law and/or required by the State Board of Elections. For additional information on filing, the 2016 Candidate's Guide is available for download at www.elections.il.gov/.

1. **Data Entry Card*** (For SBE office use only)
   Complete the appropriate sections but **do not bind with the petition**. A line has been provided for the candidate to list (optional) his/her campaign website address. The Board's website will provide links to the websites of candidates who provide this information. Each set of petitions must be accompanied by a Data Entry Card. **If the petition includes more than one candidate, complete a separate Data Entry Card for each candidate.**

2. **Statement of Candidacy***

3. **Loyalty Oath** (optional)

4. **Statement of Economic Interests** (**does not** apply to Federal offices)
   A receipt indicating that the Statement has been filed with the Office of the Secretary of State, Index Department, 111 E. Monroe, Springfield, IL 62756, 217/782-7017 or the County Clerk's Office (**you will need to contact the county clerk with whom you are filing your statement to receive the form, Index no longer provides them**) for Prairie Dupont Levee and Sanitary District, must be filed no later than **5:00 p.m. on the last day to file petitions with the State Board of Elections.**

5. **Code of Fair Campaign Practices** (optional)
If you plan to file this statement, **DO NOT** bind this document with your petitions. Please submit it separately at the time of filing.

6. **Nominating Petition***
The packet contains 1 original petition sheet. Duplication of this sheets is permitted **prior** to circulation.

*** The Candidate's name should appear in the same form on the Data Entry Card, Petition Sheets, and the Statement of Candidacy. <u>The Board will certify every candidate's name as it appears on page #1 of the petition.</u> Please see 10 ILCS 5/7-17, 8-8.1 and 10-5.1 for information on designation of names on petitions or nomination papers.**

7. **Certificate of Deletions**
In order to delete signatures, established party candidates must file form SBE No. P-2A. Only the person circulating the petition, or the candidate on whose behalf the petition is circulated, may strike any signature from the petition.

OFFICE HOURS

Nominating petitions may only be filed with the Board's Principal Office in Springfield. The Principal Board office will be open **Monday - Friday** during the petition filing period from 8:00 a.m. through 5:00 p.m. (except on Thursday (11/26) & Friday (11/27) the office will be closed for the Thanksgiving Holiday). On the first day of filing, anyone who is in line as of 8:00 a.m., as well as those petitions received in **the first mail delivery*,** will be deemed filed at 8:00 a.m. and are eligible for any lottery for ballot position. If a filer is in line as of 8:00 a.m. on the first day of filing, but the petition is not ready to be filed as of the time of processing the last filer in line as 8:00 a.m., then the petition will be deemed filed at the actual time of its filing (not as of 8:00 a.m.) and the candidate will not be eligible for the ballot position lottery. **A simultaneous lottery will also be held when 2 or more petitions are filed for the same office and party within the last hour of the filing deadline.**

* Individuals who wish to mail petitions and want to qualify for the 8:00 a.m. lottery must use the U. S. Postal Service and must address petitions to the State Board of Elections, P.O. Box 4187, Springfield, IL 62708. Mail is not delivered to the principal office street address until the afternoon and petitions sent to the street address do not qualify for the lottery. Petitions sent by delivery services other than the U.S. Postal Service do not qualify for the lottery.

In accordance with 10 ILCS 5/7-1 et seq., 8-1 et seq., and 10-1 et seq., petitions for any Federal, State, Congressional, Legislative, Representative, Judicial District, Circuit or Subcircuit, or any division or district greater than one county must be filed with the **principal office** of the State Board of Elections, 2329 South MacArthur Boulevard, Springfield, Illinois.

FILING CLOSES AT 5:00 P.M. ON THE LAST DAY OF FILING. A SIMULTANEOUS LOTTERY WILL ALSO BE HELD WHEN 2 OR MORE PETITIONS ARE FILED FOR THE SAME OFFICE AND PARTY WITHIN THE LAST HOUR OF THE FILING DEADLINE. P.A. 97-1044

FILING PERIODS

NOVEMBER 23, 24, 25 & 30, 2015

(NOVEMBER 26 & 27 CLOSED FOR THANKSGIVING HOLIDAY)

(First day to circulate - September 1, 2015)

U. S. Senate
Comptroller (Un-expired term)
Representative in Congress (all 18 districts)
State Senator - For 2 year term
2,5,8,11,14, 17,20,23,26,29,32,35,38,41,44,47,50,53,56 & 59
For 4 year term
1,4,7,10,13,16,19,22,25,28,31,34,37,40,43,46,49,52,55 & 58
Representative in the General Assembly (all 118 districts)
Prairie DuPont Levee and Sanitary District

PETITION COPY REQUESTS

Board staff will begin accepting requests for petition copies and/or CD's starting at 1:00 p.m. on the first day of the filing period.

OBJECTIONS

Objections may be filed in either the Springfield or Chicago office of the State Board of Elections. Under the provisions of 10 ILCS 5/10-8, individuals who wish to file an objection to a candidate's nominating petition must file an original **plus two copies**. Board staff will not make copies of objection petitions for filers. For objections which will be heard by an electoral board other than the State Board of Elections, it is mandatory that two copies of the objection be filed along with the original objection.

Historically, the Board's offices receive numerous objection filings on the last day to file. Potential objectors are cautioned that all objections must be **FILE STAMPED NO LATER THAN 5:00 P.M.** on the last day to file objections (5 business days following the last day to file nominating petitions). Please plan accordingly. **NO OBJECTION FILING WILL BE ACCEPTED AFTER 5:00 P.M., EVEN IF THE OBJECTOR IS IN LINE FOR PROCESSING PRIOR TO 5:00 P.M.**

OBJECTION FILING DATES

Nov. 23-30, 2015 petition filing	Dec. 1, 2, 3, 4, 7, 2015 objection filing

DEADLINE TO WITHDRAW FROM INCOMPATIBLE OFFICES

Nov. 23-30, 2015 petition filing	Dec. 7, 2015

BALLOT FORFEITURE

The Illinois Campaign Disclosure Act states that any candidate who owes a fine to the State Board of Elections cannot appear on an election ballot. **Therefore, the name of any candidate whose committee has an outstanding assessment not paid by 10:30 a.m. on January 7, 2016 will not be certified for the March 15, 2016 General Primary Election ballot. The name of any candidate whose committee has an outstanding assessment not paid by 10:30 a.m. on August 26, 2016 will not be certified for the November 8, 2016 General Election ballot. (10 ILCS 5/9-30)**

STATE BOARD OF ELECTIONS

DATA ENTRY CARD FOR ESTABLISHED PARTY

PLEASE PRINT name as it appears on the petition & statement of candidacy

NAME: _____

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

Campaign Website Address (optional): www. _____

SLATE: If more than one candidate is listed on the petition, name of first candidate (HEAD OF SLATE) _____

OFFICE: _____ **U. S. SENATE**

_____ **COMPTROLLER (Un-expired term)**

_____ **CONGRESS** _____ **DISTRICT**

_____ **LEGISLATIVE (SENATE)** _____ **DISTRICT**

_____ **REPRESENTATIVE** _____ **DISTRICT**

_____ **PRAIRIE DUPONT LEVEE AND SANITARY DISTRICT**

PARTY: _____

==========

OFFICE USE ONLY

FILING DATE: _____ **TIME:** _____

STATEMENT OF CANDIDACY **Y or N** **HOW FILED:** **C - CANDIDATE**

LOYALTY OATH **Y or N** **A - AGENT**

ECONOMIC INTEREST **Y or N** **M - MAIL**

LAST PAGE NUMBER _____

CODER INITIALS _____

_____**ATTACH TO PETITION**_____

10 ILCS 5/7-10

Suggested
Revised July, 2007
SBE No. P-1

S T A T E M E N T O F C A N D I D A C Y

NAME	ADDRESS-ZIP CODE	OFFICE	DISTRICT	PARTY

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, _____ (Name of Candidate) being first duly sworn (or affirmed), say that I reside at _____, in the City, Village, Unincorporated Area (circle one) 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 and am a qualified Primary voter of the _____ Party; that I am a candidate for Nomination/Election to the office of _____ in the _____ District, to be voted upon at the primary 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 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 Interests 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 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)

_____**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 SECRETARY OF STATE

(Type or print name and address in the blank space below.)

_____

(List each office or position of employment for which this Statement is filed.)

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.)

1. List the name and instrument of ownership in any entity doing business in the State of Illinois, 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 derived during the preceding calendar year. (In the case of real estate, location thereof shall be listed by street address or, if none, by legal description.) No time or demand deposit in a financial institution nor any debt instrument need be listed.

Business Entity	Instrument of Ownership

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.

Name	Address	Type of Practice

3. List the nature of professional services rendered (other than to the State of Illinois) of 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.

_____

_____

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 identity of any compensated lobbyist with whom the person making the statement maintains a close economic association, including the name of the lobbyist and specifying the legislative matter or matters that are the object of the lobbying activity, and describing the general type of economic activity of the client or principal on whose behalf that person is lobbying.

Lobbyist	Legislative Matter	Client or Principal

6. List the name of any entity doing business in the State of Illinois 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. (In the case of real estate, location thereof shall be listed by street address or, if none, by legal description.) No time or demand deposit in a financial institution nor any debt instrument need be listed.

Entity	Position Held

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.

_____

_____

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 Statement) (Date)

NOTE: This statement must be filed in the Office of the Secretary of State, Index Department, Ethics Section, 111 E. Monroe, Springfield, IL 62756.

STATE BOARD OF ELECTIONS
STATE OF ILLINOIS

ARTICLE 29B FAIR CAMPAIGN PRACTICES ACT

10 ILCS 5/29B-5. Purpose. The Legislature hereby declares that the purpose of this Article is to encourage every candidate for public office in this State to subscribe to the Code of Fair Campaign Practices. It is the intent of the Legislature that every candidate for public office in this State who subscribes to the Code of Fair Campaign Practices will follow the basic principles of decency, honesty and fair play in order to encourage healthy competition and open discussion of issues and candidate qualifications and discourage practices that cloud issues or unfairly attack opponent. (Source: P.A. 86-873.)

10 ILCS 5/29B-10. Code of Fair Campaign Practices. At the time a political committee, as defined in Article 9, files its statement of organization, the State Board of Elections, in the case of a state political committee or a political committee acting as both a state political committee and a local political committee, or the county clerk, in the case of a local political committee, shall give the political committee a blank form of the Code of Fair Campaign Practices and a copy of the provisions of this Article. The State Board of Elections or county clerk shall inform each political committee that subscription to the Code is voluntary. The text of the code shall read:

CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate for public office in the State of Illinois has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional right to a free and untrammeled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

(1) I will conduct my campaign openly and publicly, and limit attacks on my opponent to legitimate challenges to his record.

(2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or his personal or family life.

(3) I will not use or permit any appeal to negative prejudice based on race, sex, sexual orientation, religion or national origin.

(4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opposition.

(5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our American system of free elections or that hampers or prevents the full and free expression of the will of the voters.

(6) I will defend and uphold the right of every qualified American voter to full and equal participation in the electoral process.

(7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this Code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Illinois or chairman of a political committee in support of or opposition to a question of public policy, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct my campaign in accordance with the above principles and practices.

_____	_____
Date	**Signature**
_____	_____
Office Sought	**(Print Name)**
_____	_____
Date of Election	**Name of Political Committee**

10 ILCS 5/7-10, 8-8.1 **X...BIND HERE...X** Suggested
Revised May, 2009
SBE No. P-12

STATE SENATE
PRIMARY PETITION

We, the undersigned, members of and affiliated with the _____ Party and qualified primary electors of the _____ Party, in the _____ Legislative District of the State of Illinois, do hereby petition that _____ who resides at _____ in the City, Village, Unincorporated Area (circle one) 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 the nomination for the office of **STATE SENATOR** of the State of Illinois, for the _____ Legislative District to be voted for at the primary election to be held on _____ (date of election).

If required pursuant to 10 ILCS 5/8-8.1, 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)	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	
11		IL	
12		IL	
13		IL	
14		IL	
15		IL	

State of _____)
) SS.
County of _____)

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

in the City/Village/Unincorporated Area (circle one) of _____ (If unincorporated, list municipality that provides

postal service) Zip Code _____, County of _____, State of _____ that I am 18 years of age or older, 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 qualified voters of the _____ Party in the political division in which the candidate 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 _____ before me, on _____.
(Name of Circulator) (insert month, day, year)

_____
(SEAL) (Notary Public's Signature)

SHEET NO. _____

10 ILCS 5/7-10, 8-8, 10-3

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

CERTIFICATION OF DELETIONS

I, _____, Candidate or Circulator (circle one) do hereby certify that I have properly initialed the deletions of signatures, listed hereinafter by page and line numbers, from the petition of _____ (Name of Candidate) who is a candidate for election or nomination (circle one) to the office of _____ at the _____Election to be held on _____ (date of election).

Page No.	Line No.	Page No.	Line No.	Page No.	Line No.

_____
(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.