

**FROM: STATE BOARD OF ELECTIONS**

**SUBJECT: PETITION FILING INSTRUCTIONS FOR FILLING A VACANCY IN  
NOMINATION WHERE NO ONE WAS ON THE PRIMARY BALLOT**

**DATE: APRIL 2020**

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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 2020 Candidate's Guide is available for download at [www.elections.il.gov/](http://www.elections.il.gov/).

1. **CERTIFICATE OF LEGISLATIVE OR REPRESENTATIVE COMMITTEE ORGANIZATION** - the “managing committee” for the representative or legislative district shall meet and organize and elect from its own number a chairman.
2. **NOTICE OF APPOINTMENT** - the “managing committee” will designate a person to fill a vacancy in nomination.
3. **Statement of Economic Interests** (does not apply to Federal offices or political party 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 must be filed no later than **5:00 p.m. on the last day to file petitions with the State Board of Elections**. If you are filing for the office of Regional Superintendent of Schools you will need to file the Statement with the appropriate County Clerk’s office, and file your receipt with our office.
4. **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.
5. **Statement of Candidacy\***
6. **Loyalty Oath** (optional)
7. **Nominating Petitions\***  
The packet contains one original petition sheet. Duplication of this sheet is permitted prior to circulation.

**\* The Candidate's name should appear in the same form on the Petition Sheets, and the Statement of Candidacy. The Board will certify every candidate's name as it appears on page #1 of the petition. 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.**

**8. 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.

**LAST DAY TO FILE** for a vacancy in nomination, when no one was nominated at the General Primary Election is MONDAY JUNE 1<sup>st</sup> by 5:00 PM. Nominating petitions may only be filed with the Board's Principal Office in Springfield.

## **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. The last day to file objections is MONDAY JUNE 8<sup>th</sup> by 5:00 PM.

**CERTIFICATE OF LEGISLATIVE OR REPRESENTATIVE COMMITTEE ORGANIZATION**

\_\_\_\_\_ LEGISLATIVE DISTRICT )  
**OR** ) *fill in only ONE blank*  
\_\_\_\_\_ REPRESENTATIVE DISTRICT )

STATE OF ILLINOIS  
COUNTY OF \_\_\_\_\_  
(County in which organization occurred)

This is to certify that, in accordance with 10 ILCS 5/8-5, the Legislative or Representative Committee (circle one) of the \_\_\_\_\_ Party of the \_\_\_\_\_ Legislative or Representative District (circle one) met on \_\_\_\_\_, in the City of \_\_\_\_\_, County of \_\_\_\_\_ and organized by electing the following officers in conformity with the Election Laws of this State.

\_\_\_\_\_  
PRINT CHAIRMAN'S NAME

\_\_\_\_\_  
**COMPLETE MAILING ADDRESS**

\_\_\_\_\_  
PRINT SECRETARY'S NAME

\_\_\_\_\_  
**COMPLETE MAILING ADDRESS**

**SIGNED:** \_\_\_\_\_  
CHAIRMAN

**ATTEST:** \_\_\_\_\_  
SECRETARY

### NOTICE OF APPOINTMENT TO FILL A VACANCY IN NOMINATION

(Failure to nominate candidate at primary election)

**WHEREAS**, a vacancy in the nomination of the \_\_\_\_\_ Party for the Office of \_\_\_\_\_  
\_\_\_\_\_ in and for the \_\_\_\_\_ District (if applicable) of Illinois exists due to the failure to nominate a candidate  
for the Office of \_\_\_\_\_ in and for the \_\_\_\_\_ District (if applicable) of Illinois at the  
primary election conducted on \_\_\_\_\_ (date of election);

**WHEREAS**, on \_\_\_\_\_, 201\_\_\_\_, the duly constituted \_\_\_\_\_ Committee of the  
\_\_\_\_\_ Party in and for the \_\_\_\_\_ District (if applicable) of Illinois designated and appointed the  
person named herein below as the candidate of the \_\_\_\_\_ Party to fill said vacancy as provided by 10  
ILCS 5/7-61 or 5/8-17;

**THEREFORE, TAKE NOTICE THAT** \_\_\_\_\_,  
(Name of Candidate)

If required pursuant to 10 ILCS 5/7-10.2 or 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)

of \_\_\_\_\_, \_\_\_\_\_, Illinois \_\_\_\_\_ was designated and  
(Address) (City, Village, Town) (Zip Code)

appointed to be the \_\_\_\_\_ Party candidate for the office of \_\_\_\_\_  
in and for the \_\_\_\_\_ District (if applicable) of Illinois to be voted upon at the General or Consolidated Election to be  
held on \_\_\_\_\_ (date of election).

\_\_\_\_\_  
(CHAIRMAN)  
\_\_\_\_\_  
\_\_\_\_\_ Committee  
of the \_\_\_\_\_ District (if applicable)

\_\_\_\_\_  
(SECRETARY)  
\_\_\_\_\_  
\_\_\_\_\_ Committee  
of the \_\_\_\_\_ District (if applicable)

Date of meeting: \_\_\_\_\_  
(insert month, day, year)

Signed and sworn to (or affirmed) by \_\_\_\_\_ before me, on \_\_\_\_\_.  
(Name of Chairman & Secretary) (insert month, day, year)

(SEAL)

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

This Notice must be accompanied by nominating petitions containing the requisite number of signatures, a Statement of Candidacy and a receipt for filing a Statement of Economic Interests as required by the Illinois Governmental Ethics Act.

# STATEMENT OF ECONOMIC INTERESTS

TO BE FILED WITH  
THE SECRETARY OF STATE



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

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(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.

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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.

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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
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

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
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

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.

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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.

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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)

**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 untrammelled 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

**STATEMENT OF CANDIDACY**

**TO FILL VACANCY IN NOMINATION**

<b>NAME:</b>	<b>ADDRESS – ZIP CODE:</b>
<b>PARTY:</b>	<b>OFFICE:</b>
<b>DISTRICT:</b>	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 \_\_\_\_\_ UNTIL NAME CHANGED ON \_\_\_\_\_  
(List all names during last 3 years) (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 and am a qualified Primary voter of the \_\_\_\_\_ Party; and I have been selected to fill a vacancy in nomination for the office of \_\_\_\_\_ in the \_\_\_\_\_ District, 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 I seek election) to hold such office and that I have filed (or I will file before the deadline to fill the vacancy in nomination) 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 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            )  
  )  
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 (Party did not nominate at the General Primary)

We, the undersigned, members of and affiliated with the \_\_\_\_\_ Party and qualified primary electors of the \_\_\_\_\_ Party, in the \_\_\_\_\_ of \_\_\_\_\_ in the County of \_\_\_\_\_, and State of Illinois, do hereby petition that the following named person or persons shall be a candidate(s) of the \_\_\_\_\_ Party for the nomination/election for the office or offices hereinafter specified to be voted for at the General Election to be held on \_\_\_\_\_ (date of election).

NAME: OFFICE: ADDRESS: 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 \_\_\_\_\_ UNTIL NAME CHANGED ON \_\_\_\_\_ (List all names during last 3 years) (List date of each name change)

Table with 5 columns: NAME (VOTER'S SIGNATURE), VOTER'S PRINTED NAME (optional), STREET ADDRESS OR RR NUMBER, CITY, TOWN OR VILLAGE, COUNTY. Rows 1-10.

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, after the appropriate managing committee's selection of the candidate as the party's nominee, 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 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)

