



## **Kathy Michael**

### **McLean County Clerk**

Phone: (309) 888-5190 Fax (309) 888-5932

115 E. Washington Street, Room 102 PO Box 2400 Bloomington, IL 61702-2400

Website: [www.mcleancountyil.gov/countyclerk](http://www.mcleancountyil.gov/countyclerk)

Email: [kathy.michael@mcleancountyil.gov](mailto:kathy.michael@mcleancountyil.gov)

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## **Filing dates for School Board are December 12-19, 2016**

LeRoy CUSD #2 3,067 voters

Signatures required at least 50

Tri-Valley CUSD #3 3,640 voters

Signatures required at least 50

Heyworth CUSD #4 3,341 voters

Signatures required at least 50

Normal CUSD #5 38,992 voters

Signatures required at least 50

Lexington CUSD #7 2,111 voters

Signatures required at least 50

Olympia CUSD #16 3,627 voters

Signatures required at least 50

Ridgeview CUSD #19 2,282 voters

Signatures required at least 50

Bloomington #87 28,211 voters

Signatures required at least 50

**SIGNATURE REQUIREMENTS:** Petition must be signed by at least 50 qualified voters or 10% of the voters, whichever is less, residing within the district.  
[105 ILCS 5/9-10]

STATEMENT OF CANDIDACY

NONPARTISAN

NAME	ADDRESS-ZIP CODE	OFFICE	CITY, VILLAGE OR SPECIAL DISTRICT

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)

STATE OF ILLINOIS )  
 )  
County of \_\_\_\_\_ ) SS.

I, \_\_\_\_\_ 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, 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**

**TO THE COUNTY CLERK OR COUNTY BOARD OF ELECTION COMMISSIONERS HAVING JURISDICTION OVER  
SCHOOL DISTRICT NUMBER \_\_\_\_\_ IN \_\_\_\_\_ COUNTY, ILLINOIS**

We, the undersigned, being ( \_\_\_\_\_ or more) (or 10% or more) (or 5% or more) of the voters residing within said district, hereby petition that \_\_\_\_\_ who resides at \_\_\_\_\_ in the City, Village, Unincorporated Area (circle one) of \_\_\_\_\_ (If unincorporated, list municipality that provides postal service) in Township \_\_\_\_\_ in said district shall be a candidate for the office of \_\_\_\_\_ full term or \_\_\_\_\_ year vacancy (circle one) of the Board of Education (or Board of Directors) to be voted for at the Consolidated Election to be held on \_\_\_\_\_ (date of election).

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)	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	

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) SS.

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 (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.

\_\_\_\_\_  
(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. \_\_\_\_\_

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**

**Kathy Michael, McLean County Clerk**

115 East Washington Street, Room 102, Bloomington, IL 61701

**Name:** \_\_\_\_\_ **Filing for Calendar Year:** \_\_\_\_\_

**Mailing Address:**  
Full post office address including city and zip code \_\_\_\_\_

**Home Address:**  
Full address including city and zip code \_\_\_\_\_

**Position(s):**  
Each office or position of employment for which this statement is filed \_\_\_\_\_ Unit of Government \_\_\_\_\_

**Additional Position(s):**  
Each office or position of employment for which this statement is filed \_\_\_\_\_ Unit of Government \_\_\_\_\_

Please check one of the following:  Candidate OR  Annual Filing

**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.

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.

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.

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

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)

This will be returned to you when  
your statement is filed in the  
County Clerk's Office

**Return to County Clerk's Office  
with Statement**

Receipt is hereby acknowledged  
of your Statement of Economic  
Interest, filed pursuant to the  
Illinois Governmental Ethics Act.  
The Statement was filed as of this  
date.

\_\_\_\_\_  
(Office(s) or Position(s) of Employment for which this Statement is Filed)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Clark's Date Stamp Here

**All pages** must be returned to the McLean County Clerk for filing either in person or by mail. We  
will return this receipt to you.

**Location:** 115 East Washington Street, Room 102  
Bloomington, IL 61701

**Mailing Address:** Kathy Michael, McLean County Clerk  
PO Box 2400  
Bloomington, IL 61702-2400