



Aaron Ammons
Champaign County Clerk
Champaign County, Illinois

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Candidate Information Sheet

An online voter guide will be available on our website at www.champaigncountyclerk.com. Please provide us with the following information for inclusion in the upcoming voter guide. The information you provide need not be an official campaign address but represents the address to which you wish communications to your campaign be directed.

It is recommended that you do not submit governmental e-mail, phone, or website addresses as this may violate the Illinois Governmental Ethics Law.

**** Please submit only information which you wish to have published. Failure to respond will result in only your name being published.**

Name: _____

Campaign Address: _____

Campaign Phone: _____

Campaign E-mail: _____

Campaign Website: _____

Campaign Fax: _____

Candidates are encouraged to also provide a phonetic spelling of their name, using the symbols and characters in our guide. Failure to provide the phonetic spelling may result in a candidate's name being pronounced incorrectly on the Voter Assistance Terminal.

Phonetic Pronunciation of Ballot Name: _____

Thank you,

Aaron Ammons

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 owned 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."

Signature: _____ Date: _____



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

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)

Signed and sworn to (or affirmed) by _____ before me,
(Name of Candidate)
on _____
(insert month, day, year)

(Seal)

(Notary Public's Signature)

STATEMENT OF CANDIDACY
NONPARTISAN

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

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 or Election (circle one) to the office of _____ in the _____
(Name of City, School, College 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 or Election to such office.

(Signature of Candidate)

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

before me, on _____
(insert month, day, year)

(SEAL)

(Notary Public's Signature)

**CONSOLIDATED PRIMARY PETITION
(NONPARTISAN - MUNICIPALITY OTHER THAN COMMISSION FORM)**

We, the undersigned, qualified voters in the _____ of _____ in the County of _____ and State of Illinois, do hereby petition that the name of _____, who resides at _____ in the City, Town or Village of _____ Zip Code _____ County of _____ State of Illinois, be placed upon the ballot as a candidate for nomination for the office of _____ at the Consolidated Primary election to be held on _____ (date of primary election); provided that if no primary election is required, the candidate's name will appear on the ballot at the Consolidated Election for election to said office and term.

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)

(SEAL)

(Notary Public's Signature)

SHEET NO. _____

SBE No. P-5

CONSOLIDATED PRIMARY PETITION
(NONPARTISAN - MUNICIPALITY OTHER THAN COMMISSION FORM)

We, the undersigned, qualified voters in the _____ of _____ in the County of _____ and State of Illinois, do hereby petition that the name of _____, who resides at _____ in the City, Town or Village of _____ Zip Code _____ County of _____ State of Illinois, be placed upon the ballot as a candidate for nomination for the office of _____ at the Consolidated Primary election to be held on _____ (date of primary election); provided that if no primary election is required, the candidate's name will appear on the ballot at the Consolidated Election for election to said office and term.

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)