

PRIMARY ELECTION
MARCH 19, 2024
PRECINCT COMMITTEEPERSON

PACKET DOCUMENTS:

- Statement of Candidacy P-1
- Loyalty Oath P-1C (Optional)
- Petitions P-27 (make as many copies as needed)

FILING INSTRUCTIONS:

Submit your completed documents to the Clinton County Clerk's Office,
850 Fairfax Street, Carlyle, IL during the filing period of Nov. 27 - Dec. 4, 2023.
Office hours are 8 a.m. to 4:30 p.m. *Petition papers must be numbered and bound together in some manner (paper clip, staple, etc.)*

****SIGNATURE REQUIREMENTS ARE ON THE REVERSE SIDE OF THIS SHEET****

FIRST DAY TO CIRCULATE PETITIONS: September 5, 2023

FILING PERIOD: Nov. 27 – Dec. 4, 2023

The 2024 Primary Election Calendar, Guide and Handbook are available on the State Board of Elections Website at www.elections.il.gov

For general election questions or assistance, please contact Vicky in the Clinton County Clerk's office at 618-594-6620 or ccclerk@clintonco.illinois.gov

**PRIMARY ELECTION
MARCH 19, 2024**

County Offices:

**Circuit Clerk
Coroner
State's Attorney**

Signature Requirement:

Republican – 69 Democrat – 19

County Offices:

County Board District 1-5

Signature Requirement:

District #1

Republican – 10 Democrat – 3

District #2

Republican – 14 Democrat – 7

District #3

Republican – 16 Democrat – 5

District #4

Republican – 15 Democrat – 4

District #5

Republican – 14 Democrat – 4

County Offices:

Precinct Committeeperson

Signature Requirement:

*Minimum of 10 Signatures – must be a
Qualified Voter from within Precinct*

Precinct Committeepersons not required to file Statement of Economic Interest

First day to circulate petitions:

September 5, 2023

Filing period for nomination papers:

Nov. 27 – Dec. 4, 2023

Please file the following with the County Clerk & Recorder's Office:

Petitions, Statement of Candidacy, Loyalty Oath (optional).

**PRECINCT COMMITTEEPERSON
PRIMARY PETITION**

We, the undersigned, members of and affiliated with the _____ Party and qualified primary electors of the _____ Party, in _____ (township name and precinct number) in the County of _____, State of Illinois, do hereby petition that _____ who resides at _____ in the City, Village, Unincorporated Area 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 election to the office of **PRECINCT COMMITTEEPERSON**, for _____ (township name and precinct number), to be voted for at the primary election to be held on _____ (date of election).

If required pursuant to 10 ILCS 5/7-10.2, 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 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 candidates 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. _____

STATEMENT OF CANDIDACY

NAME	ADDRESS-ZIP CODE	OFFICE	DISTRICT	PARTY
		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)
) SS.
County of _____)

I, _____ (Name of Candidate) 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; 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

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)

(Notary Public's Signature)

(SEAL)