

PRIMARY ELECTION
MARCH 17, 2026
CLINTON COUNTY BOARD

PACKET DOCUMENTS:

- Statement of Candidacy P-1
- Loyalty Oath P-1C (Optional)
- Petitions P-26 (make as many copies as needed)
- Statement of Economic Interest

FILING INSTRUCTIONS:

Submit your completed documents to the Clinton County Clerk's Office,
850 Fairfax Street, Carlyle, IL during the filing period of Oct. 27 – Nov. 3, 2025.
Office hours are 7:30 a.m. to 4 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: August 5, 2025

FILING PERIOD: Oct. 27 – Nov. 3, 2025

The 2026 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 17, 2026**

County Offices:

**Clerk & Recorder
Sheriff
Treasurer**

Signature Requirement:

Republican – 87 Democrat – 81

County Offices:

County Board District 1-5

Signature Requirement:

District #1

Republican – 13 Democrat – 12

District #2

Republican – 18 Democrat – 16

District #3

Republican – 20 Democrat – 20

District #4

Republican – 19 Democrat – 18

District #5

Republican – 17 Democrat – 16

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:

August 5, 2025

Filing period for nomination papers:

Oct. 27 – Nov. 3, 2025

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

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

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

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)

COUNTY BOARD MEMBER
(counties that elect members from districts)
PRIMARY PETITION

We, the undersigned, members of and affiliated with the _____ Party and qualified primary electors of the _____ Party, in County Board District _____, County of _____ in the 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 the nomination for the office of **COUNTY BOARD MEMBER**, County Board District _____ in the County of _____ in the State of Illinois, to be voted for at the primary election to be held on _____ (date of election).

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, 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 Economic Interests to be Filed with the Clinton County Clerk
A receipt acknowledging the filing of your Statement of Economic Interests will be issued to you by the County Clerk's Office.

Please note: Your name may have been submitted for filing by a Clinton County entity that you represent.

To complete this form, you do not need to disclose specific amounts or values or report interests relating either to political committees registered with the Illinois State Board of Elections or to political committees, principal campaign committees, or authorized committees registered with the Federal Election Commission. The information you disclose will be available to the public. You must answer all 7 questions. Certain questions will ask you to report any applicable assets or debts held in, or payable to, your name; held jointly by, or payable to, you with your spouse; or held jointly by, or payable to, you with your minor child. If you have any concerns about whether an interest should be reported, please consult your department's ethics officer, if applicable. Please ensure that the information you provide is complete and accurate. If you need more space than the form allows, please attach additional pages for your response. If you are subject to the State Officials and Employees Ethics Act, your

Name:
District(s) & Title(s):
Full Mailing Address:
Preferred Email Address:

ethics officer must review your statement of economic interests before you file it. Failure to complete the statement in good faith and within the prescribed deadline may subject you to fines, imprisonment, or both.

1. If you have any single asset that was worth more than \$10,000 as of the end of the preceding calendar year and is held in, or payable to, your name, held jointly by, or payable to, you with your spouse, or held jointly by, or payable to, you with your minor child, list such assets below. In the case of investment real estate (not including your personal residence), list the city and state where the investment real estate is located. This may include, but is not limited to: single blocks of stock, rental properties, real estate, farmland, trust & mutual funds (if not a retirement account). If you do not have any such assets, list "none" below.

2. **Excluding the position for which you are required to file this form,** list the source of any income in excess of \$7,500 required to be reported during the preceding calendar year. If you sold an asset that produced more than \$7,500 in capital gains in the preceding calendar year, list the name of the asset and the transaction date on which the sale or transfer took place. If you had no such sources of income or assets, list "none" below.

<u>Source of Income/Name of Asset</u>	<u>Date Sold (if Applicable)</u>

Statement of Economic Interest Receipt

Receipt is hereby acknowledged of your Statement of Economic Interests, filed in the County Clerk's Office, pursuant to the Illinois Governmental Ethics Act. The Statement was filed on this date:

Office/Position and District:

Name: _____

Address: _____

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 owed 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.

<u>Name of Unit of Government</u>	<u>Title or Nature of Services</u>

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.

<u>Name of Lobbyist</u>	<u>Relationship to Filer</u>

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/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 of Person Making Statement

Date
