

# COUNTY COMMISSIONERS, BOARD MEMBERS, & BOARD OF REVIEW

## MEMBERS (IN SOME COUNTIES, NOT INCLUDING COOK)

*Elected by District & At-Large*

### NOMINATION PAPERS

**Petitions:** Established Party ([SBE Form P-10](#)); Established Party county board by district ([SBE Form P-26](#)); Independent ([SBE Form P-3](#)); New Party, at-large ([SBE Form P-8](#)); New Party, at-large and by district ([SBE Form P-8B](#))

**Statement of Candidacy:** Established Party ([SBE Form P-1](#)); Independent ([SBE Form P-1B](#)); New Party ([SBE Form P-1D](#))

**Loyalty Oath (optional):** All candidates ([SBE Form P-1C](#))

**Statement of Economic Interests:** Filed with the county clerk. The receipt must be filed with petitions or by the end of the filing period.

### SIGNATURE REQUIREMENTS

**Established Party:** At least 0.5% (.005) of the number of qualified electors of the candidate's party in the district who cast votes at the last general election. The highest vote getter could be any federal, state or county candidate. (10 ILCS 5/ 7-10(c))

**Independent:** Not less than 5%, nor more than 8% (or 50 more than the minimum, whichever is greater) of the number of persons who voted at the last regular election in such district in which such district voted as a unit for that office. Also applies to Chair of the County Board and county board members elected from the county at-large. (10 ILCS 5/10-3)

**New Party:** Not less than 5% of the of the total number of voters who voted at the last regular election in such district or political subdivision in which such district or political subdivision voted as a unit for the election of officers to serve its respective territorial area, except where 5% is greater than 25,000, the minimum number of signatures required is 25,000. (10 ILCS 5/10-2)

*For specific signature calculations, contact the county clerk.*

### QUALIFICATIONS:

- 18 years of age (or will be 18 by the date of the upcoming general election)
- United States citizen
- Resident of the county for at least one year prior to the election
- Registered voter in county or county board district

(10 ILCS 5/7-10, 10-5; 55 ILCS 5/2-3015)

### FILING PERIODS:

#### Established Party:

October 27 – November 3, 2025

#### Independent and New Party:

May 18 – May 26, 2026

### TERM:

**Term of office:** Two or four year term (contact the county clerk's office for further information) (55 ILCS 5/2-3009(a)(b))

**County Commissioner & County Board of Review Member:** Six years and until a successor is elected and qualified (55 ILCS 5/2-4006)

**County Board members elected by district and at-large:** Two or four year terms (55 ILCS 5/2-3009)

**Term begins:** December 7, 2026\*\*

County Board Member (55 ILCS 5/2-3009)  
Commissioner (55 ILCS 5/2-3009)

\*\*Elected Board of Review members: 10 Days after the canvass of the vote is completed. (35 ILCS 200/6-35)

## FILING INFORMATION

**Established Party:** Not more than 141 nor less than 134 days prior to the General Primary. (10 ILCS 5/7-12)

**Independent & New Party:** Not more than 169 nor less than 162 days prior to the General Election. (10 ILCS 5/10-6)

Candidates will file in the office of the county clerk. Candidates in Peoria County file with the Peoria County Board of Election Commissioners.

**Campaign Contributions:** Reports must be filed either electronically or on paper with the State Board of Elections, 2329 S. MacArthur Blvd., Springfield, IL 62704, or 69 W. Washington St., Pedway LL-08, Chicago, IL 60602.

# GENERAL PRIMARY ELECTION OF MARCH 17, 2026

## KENDALL COUNTY, STATE OF ILLINOIS

### \*GENERAL INFORMATION for ESTABLISHED PARTY CANDIDATES

FILING WITH THE LOCAL ELECTION AUTHORITY: DEBBIE GILLETTE, KENDALL COUNTY CLERK

### SIGNATURE REQUIREMENTS

	<u>REPUBLICAN</u>	<u>DEMOCRATIC</u>	<u>KENDALL COUNTY PARTY</u>
COUNTY OFFICES	272	171	34
COUNTY BOARD DISTRICT #1	141	81	16
COUNTY BOARD DISTRICT #2	131	90	18
PRECINCT COMMITTEEPERSON	10	10	10

### PETITION CIRCULATION

Begins **TUESDAY, AUGUST 5, 2025**

### FILING DATES

Beginning at **8:00 am** on **MONDAY, OCTOBER 27, 2025.**

Ending at **5:00 pm** on **MONDAY, NOVEMBER 3, 2025.**

### FILING LOCATION

#### KENDALL COUNTY CLERK & RECORDER

502 S. Main Street, Yorkville, IL 60560

Election Office: 630.553.4105

The **GENERAL ELECTION FOR 2026** will be held on **TUESDAY, NOVEMBER 3, 2026**

\*Additional Candidate & Election information and/or designations may be obtained from the State Board of Elections at 217.782.4141 (Springfield); 312.814.6440 (Chicago) or their website: [www.elections.il.gov](http://www.elections.il.gov)

The Kendall County Clerk's Office provides election materials and information as a guide. Effort is expended to present reliable information; such guidance is not intended to be exhaustive or take the place of competent Legal Counsel. The Kendall County Clerk's Office recommends that all prospective candidates consult with competent Legal Counsel when preparing election paperwork. The Kendall County Clerk's Office does not provide legal advice to candidates.

**STATEMENT OF CANDIDACY**

<b>NAME:</b>	<b>OFFICE:</b>
<b>ADDRESS – ZIP CODE:</b>	A Full Term is sought, unless an unexpired term is stated here: _____ year unexpired term
	<b>DISTRICT:</b>
	<b>PARTY:</b>

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, \_\_\_\_\_ (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)

**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)

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)

# STATEMENT OF ECONOMIC INTERESTS

## INSTRUCTIONS:

You may find the following documents helpful to you in completing this form:

- (1) federal income tax returns, including any related schedules, attachments, and forms; and
- (2) investment and brokerage statements.

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 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.

## BASIC INFORMATION:

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Office, department, or agency that requires you to file this form:

\_\_\_\_\_

Other offices, departments, or agencies that require you to file a Statement of Economic Interests form:

\_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Preferred Email Address (optional): \_\_\_\_\_

## QUESTIONS:

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, list the city and state where the investment real estate is located. 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.

Source of Income / Name of Asset

Date Sold (if applicable)

\_\_\_\_\_

\_\_\_\_\_

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.

**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 the statement employed by a public utility in the 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 economic interests as required by the Illinois Governmental Ethics Act. I understand that the penalty for willfully filling 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."

Printed Name of Filer: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

# CANDIDATE CHECKLIST

- ☐ Meet **residency, age, and other qualifications** for the specific office
- ☐ File paperwork with the **SBE Campaign Disclosure division** or the **Federal Election Commission** regarding finances (**if needed**)
- ☐ File a notarized **Statement of Candidacy** including (but not limited to):
  - Your Name
  - Your Address
  - Office Sought
  - Party
  - Office Location (**for example, the district or county**)
  - Date of the Election
- ☐ File a **Statement of Economic Interests receipt** (**does not apply to federal offices or political party offices**)
- ☐ File a **Loyalty Oath** (**optional**)
- ☐ File notarized **petition sheets** with the required number of signatures, numbered consecutively starting with the number “1”
- ☐ Include **Certificate of Deletions** with petitions, numbered consecutively starting with the number “1” (**if applicable**)
- ☐ File with the **Kendall County Clerk**

\*Preferred form order: Statement of Candidacy, Petition(s), Loyalty Oath (**optional**), and Statement of Economic Interest receipt (**if applicable**), and properly bound.

**Note:** This checklist is not binding and should not be construed as sufficient argument in response to any objection or legal argument. If you have further questions, you may contact the division of Election Operations at the State Board of Elections or your legal counsel.