

TOWNSHIP COMMITTEEPERSONS (COOK COUNTY) & PRECINCT COMMITTEEPERSONS

(ALL COUNTIES EXCEPT COOK)

NOMINATION PAPERS

Petitions: Established Party, Township Committeeperson ([SBE Form P-10](#)), Precinct Committeeperson ([SBE Form P-27](#))

Statement of Candidacy: Established Party ([SBE Form P-1](#))

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

Statement of Economic Interests: Not required for party offices.

SIGNATURE REQUIREMENTS

Established Party: Township Committeeperson – not less than 5% nor more than 8% of the votes cast (or 50 more than the minimum, whichever is greater) for the party's candidate who received the highest number of votes in the township. (10 ILCS 5/7-10(i))

Precinct Committeeperson – a minimum of 10 primary electors of the candidate's party for the precinct. (10 ILCS 5/7-10(i))

For signature calculations for Township Committeeperson, contact the Cook County Clerk.

For signature calculations for Precinct Committeeperson, contact the county clerk for that precinct.

FILING INFORMATION

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

All candidates for Township Committeeperson will file with the Office of the Cook County Clerk. All candidates for Precinct Committeeperson will file with the office of the county clerk. (10 ILCS 5/7-12(5))

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.

QUALIFICATIONS:

- United States citizen
- Registered voter
- Resident of the township or precinct for which the candidate wishes to seek office

(10 ILCS 5/7-8(b), 7-10, 10-5)

FILING PERIODS:

Established Party:

October 27 – November 3, 2025

TERM:

Term of office:

Township Committeeperson: Four years (10 ILCS 5/7-8(b))

Precinct Committeeperson: Two years (10 ILCS 5/7-8(b))

Term begins: Date of completion of canvass and proclamation (10 ILCS 5/7-58)

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

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

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

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)

**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. _____

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)

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.