

Clerk's Office
(309) 477-2264

Tazewell County Clerk / Recorder
John C. Ackerman
11 South Fourth St., Rm. 203
Pekin, Illinois 61554 – 4298

Election Division
(309) 477-2267

General Primary Election - - March 19, 2024

Signature Requirements for filing of nomination/elected papers:

	<u>Republican</u>	<u>Democrat</u>	<u>Libertarian</u>	<u>Independent</u> (Min-Max)	<u>New Party</u>
County Offices	218	100	50	2587-4138	2587
County Board					
District 1	57	28	25	688-1100	688
District 2	85	33	25	1001-1602	1602
District 3	75	34	25	899-1438	899
Precinct Committeeperson	10	10	10		

Important Dates:

First Day to circulate for ESTABLISHED PARTY - September 5, 2023

First Day to circulate for New and Independent Parties March 26, 2024

Office Hours: Monday thru Friday, 8:00 A.M. to 4:30 P.M.

Filing Dates for ESTABLISHED PARTY: November 27 - December 4, 2023

Filing Dates for INDEPENDENT: June 17 –June 24, 2024 M – F

Filing Dates for NEW PARTY: June 17 –June 24, 2024 M – F

Additional information can be obtained at the State Board of Elections website: www.elections.il.gov

The Candidate's name should appear in the same form on the Petition Sheets, the Statement of Candidacy and (optional) Loyalty Oath. The Clerk's Office will certify every candidate's name as it appears on page 1 of the Petition Sheets.

If a filer is in line as of 8:00 a.m. on the first day of filing, but the petition is **not** ready to be filed as of the time of processing the last filer in line as 8:00 a.m., then the petition will be deemed filed at the actual time of its filing (not as of 8:00 a.m.) and the candidate will not be eligible for the ballot position lottery.

The County Clerk Office will be able to notarize any nominating papers

You are strongly advised to obtain legal advice on the following subjects: (1) your legal qualifications for office; (2) the proper method for completing the petition forms with respect to the office; (3) the minimum number of signatures required; and (4) the qualifications of petition signers and circulators, etc.

The 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)
)
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)

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)

**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)

**PLEASE PRINT
STATEMENT OF
ECONOMIC INTEREST
ON LEGAL SIZE PAPER
AND 2-SIDED**



STATEMENTS OF ECONOMIC INTERESTS
TO BE FILED WITH THE TAZEWELL COUNTY CLERK

FOR OFFICE USE ONLY

Empty box for office use only

CANDIDATE

(TYPE OR HAND PRINT)

(NAME)

(LIST EACH OFFICE OR POSITION OF EMPLOYMENT FOR WHICH THIS STATEMENT IS FILED)

PREFERRED E-MAIL ADDRESS (OPTIONAL):

(FULL MAILING ADDRESS & PHONE NUMBER)

GENERAL DIRECTIONS

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 6 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 SB2408 Enrolled LRB102 11366 BMS 16699 b Public Act 102-0662 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:

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 SB2408 ENROLLED LRB102 11366 BMS 16699 B PUBLIC ACT 102-0662 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.

Three sets of horizontal lines for listing assets

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 Date Sold (if applicable).

Source of Income / Name of Date Sold (if applicable).

Three sets of horizontal lines for listing sources of income

COMPLETE BUT DO NOT DETACH

This section will be returned to you when the Statement is filed with the County Clerk.

Receipt is hereby acknowledged of your Statement of Economic Interests, filed pursuant to the Illinois Governmental Ethics Act. The Statement was filed on the Date

Office or Position of Employment for which this statement is filed

(Type or Print)

Name

Address

City/State/ ZIP code

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. SB2408 Enrolled LRB102 11366 BMS 16699 b Public Act 102-0662 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. SB2408 Enrolled LRB102 11366 BMS 16699 b Public Act 102-0662

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."

SIGN HERE



(SIGNATURE OF PERSON MAKING THE STATEMENT BLUE OR BLACK INK ONLY) (DATE)

If this statement of economic interests requires ethics officer review prior to filing, the applicable ethics officer must complete the following: CERTIFICATION OF ETHICS OFFICER REVIEW: "In accordance with law, as Ethics Officer, I reviewed this statement of economic interests prior to its filing."

Printed Name of Ethics Officer: _____ Date: _____

Signature: _____
