



2025 CONSOLIDATED ELECTION – APRIL 1, 2025

There are four (4) open positions:

PRESIDENT	Number to be voted: One (1)	Full Term-Four (4) Years
VILLAGE TRUSTEE	Number to be voted: Three (3)	Full Terms – Four (4) Years

Completed petitions will be accepted at Brighton Village Hall (206 S. Main St.) from 8:00 a.m. to 4:00 p.m. November 12, 2024, through November 15, 2024, and from 8:00 a.m. to 5:00 p.m. on Monday, November 18, 2024.

Candidates need to file the following documents with the Village Clerk, Tamara Jenkins or Designee.

Statement of Candidacy

Petition Sheets-**Signature requirements per Candidate: 6 minimum; 56 maximum**

Loyalty Oath

Statement of Economic Interest Filing *Receipt* (from County Election Office)

Please make sure all forms are completed, signed and notarized prior to filing. The Village of Brighton is Chartered through Macoupin County.

This information and all related documents have been provided to you as a public service. The Village of Brighton and the Village Clerk make no representations regarding the accuracy or validity of this information. Candidates should consult with an attorney before taking action based upon this information. Anyone who uses this information or these forms does so at his or her own risk. Please forgive our silence during the candidate filing period. We are unable to provide any advice and encourage you to consult an attorney or the Illinois State Board of Elections for further information.

****2025 Candidates Guide can be found at ****

www.macoupinvotes.gov/for-candidates/petition-packets/ or

<https://www.elections.il.gov/RunningForOffice.aspx?MID=rOINCTNZd9A%3d>

STATEMENT OF CANDIDACY

INDEPENDENT

NAME:	CITY, VILLAGE, TOWNSHIP, COUNTY, DISTRICT or STATE
ADDRESS – ZIP CODE:	OFFICE: 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)
County of _____) SS.

I, _____ 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, that I am a candidate for election to the office of _____ in
the _____ to be voted upon at the election to be held on _____ and that
Name of City, Village, Township, County, District or State) (date of election)

I am legally qualified (including being the holder of any license that may be an eligibility requirement for the office to which I seek election)
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 ballot for election to
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)

INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the _____ of _____ in the County of _____ and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the _____ Election to be held on _____ (date of election).

NAME:	OFFICE:
ADDRESS - ZIP CODE:	
A Full Term is sought, unless an unexpired term is stated here: ____ year unexpired term	

If required pursuant to 10 ILCS 5/10-5.1, 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)

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 of 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 registered voters of the political division in which the candidate is seeking elective office, and 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)

INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the _____ of _____ in the County of _____ and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the _____ Election to be held on _____ (date of election).

NAME: OFFICE: ADDRESS - ZIP CODE: A Full Term is sought, unless an unexpired term is stated here: ____ year unexpired term

If required pursuant to 10 ILCS 5/10-5.1, 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)

Table with 5 columns: NAME (VOTER'S SIGNATURE), VOTER'S PRINTED NAME (optional), STREET ADDRESS OR RR NUMBER, CITY, TOWN OR VILLAGE, COUNTY. Rows 1-10.

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 of 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 registered voters of the political division in which the candidate is seeking elective office, and 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)

(Notary Public's Signature)

(SEAL)

_____**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)