

PUBLIC LIBRARY DISTRICT

- OFFICE: Public Library District Board - Trustee
- QUALIFICATIONS: Qualified elector/registered voter.
- RESIDENCY: Resident of Public Library District.
- SIGNATURE REQUIREMENTS: A number of qualified voters residing in the district equivalent to at least 2% of the votes cast at the last election for library trustees, or 50, whichever is less. (75 ILCS 16/30-20) * Need at least (11) signatures *
- PETITION: Nonpartisan SBE Form P-4.
- STATEMENT OF CANDIDACY: Filed with the nominating petitions. Nonpartisan SBE Form P-1A.
- LOYALTY OATH: (Optional) Filed with the nominating petitions. SBE Form P-1C.
- STATEMENT OF ECONOMIC INTERESTS: Filed with the county clerk of the county in which the principal office of the unit of local government with which the person is associated is located. See page 19 regarding the filing of the receipt. (5 ILCS 420/4A-106)
- FILING DATES: December 10 – 17, 2018 (not more than 113 nor less than 106 days prior to the Consolidated Election).
- WHERE TO FILE: Library District Secretary.
- CAMPAIGN DISCLOSURE: Reports must be filed either on paper or electronically with the State Board of Elections, 2329 S. MacArthur Blvd., Springfield, IL 62704 or 100 West Randolph Street, Suite 14-100, Chicago, IL 60601.
- FAIR CAMPAIGN PRACTICES ACT: Filed with the county clerk. (Voluntary - see page 20)
- TERM BEGINS: The third Monday (May 20, 2019) of the month following the regular election of trustees. (75 ILCS 16/30-10 and 16/30-40) Within 74 days after their election or appointment, the incumbents and new trustees shall take their oath of office and meet to organize the board. [75 ILCS 16/30-40(a)]
- TERM OF OFFICE: 7 Trustees: 6-year terms. The library board by resolution may change to 4- year terms. (75 ILCS 16/30-10)

CONSOLIDATED ELECTION - APRIL 2, 2019
SIGNATURE REQUIREMENTS FOR LIBRARIES

Municipal/Township Libraries - Petitions must be signed by at least 25 legal voters residing in the incorporated town, village or township. [75 ILCS 5/4-3.3]

MUNICIPAL/TOWNSHIP LIBRARIES	MINIMUM			
Clinton Twp Public Library	25			
Cortland Community Library	25			
Flewelin Memorial Library	25			
Kirkland Public Library	25			
Malta Township Public Library	25			

Public Library Districts - Petitions must be signed by a number of qualified voters residing in the district equivalent to at least 2% of the votes cast at the last election for library trustees, or 50, whichever is less. [75 ILCS 16/30-20]

	2017 BALLOTS CAST		AT LEAST 2%	MINIMUM
PUBLIC LIBRARY DISTRICTS				
Genoa Public library District	532		10.64	11
Hinckley Public Library District	432		8.64	9
Sandwich Public Library District (Includes Kendall Co.)	1,342		26.84	27
Somonauk Public Library District	737		14.74	15

updated 8/6/18 mlm

**NONPARTISAN PETITION
(NON-MUNICIPAL AND COMMISSION FORM OF MUNICIPALITY)**

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

NAME	OFFICE	ADDRESS

(for unexpired terms, specify "2 year unexpired term" or "4 year unexpired term" along with the office in the "OFFICE" space provided above)
 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 _____)
) SS.
 County of _____)

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)

STATEMENT OF CANDIDACY

NONPARTISAN

NAME	ADDRESS-ZIP CODE	OFFICE	CITY, VILLAGE OR SPECIAL DISTRICT

(for unexpired terms, specify "2 year unexpired term" or "4 year unexpired term" along with the office in the "OFFICE" space provided above)
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)

STATE OF ILLINOIS)
) SS.
County of _____)

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 Nomination/
Election to the office of _____ in the _____
Name of City, Village or Special District

to be voted upon at the election to be held on _____ (date of election) and that I am legally qualified 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 Nomination/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)

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)

Your Name Was Submitted for Filing by an Entity that You Represent
STATEMENT OF ECONOMIC INTERESTS TO BE FILED WITH THE COUNTY CLERK
(Type or Hand Print)

Name _____

Each office or position of employment for which this statement is filed _____

Full post office address to which notification of an examination of this statement should be sent
HOME ADDRESS: _____

GENERAL DIRECTIONS

The interest (if constructively controlled by the person making the statement) of a spouse or any other party, shall be considered to be the same as the interest of the person making the statement. Campaign receipts shall not be included in this statement. **If additional space is needed, please attach supplemental listing.**

1. List the name and instrument of ownership in any entity doing business with a unit of local government in relation to which the person is required to file, in which the ownership interest held by the person at the date of filing is in excess of \$5,000 fair market value or from which dividends in excess of \$1,200 were received during the preceding calendar year. (In the case of real estate, location thereof shall be listed by the street address, or if none, then by legal description.) No time or demand deposit in a financial institution, nor any debt instrument shall be listed.

Business Entity	Instrument of Ownership	Position of Management
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. List the name, address and type of practice of any professional organization in which the person making the statement was an officer, director, associate, partner or proprietor or served in any advisory capacity, from which income in excess of \$1,200 was derived during the preceding calendar year.

Name	Address	Type of Practice
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. List the nature of professional services rendered (other than to the unit or units of local government in relation to which the person is required to file) to each entity from which income exceeding \$5,000 was received for professional services rendered during the preceding calendar year by the person making the statement.

4. List the identity (including the address or legal description of real estate) of any capital asset from which a capital gain of \$5,000 or more was realized during the preceding calendar year.

5. List the name of any entity and the nature of the governmental action requested by any entity which has applied to a unit of local government in relation to which the person must file for any license, franchise or permit for annexation, zoning or rezoning of real estate during the preceding calendar year if the ownership interest of the person filing is in excess of \$5,000 fair market value at the time of filing or if income or dividends in excess of \$1,200 were received by the person filing from the entity during the preceding calendar year.

6. List the name of any entity doing business with a unit of local government in relation to which the person is required to file from which income in excess of \$1,200 was derived during the preceding calendar year other than for professional services and the title or description of any position held in that entity. No time or demand deposit in a financial institution nor any debt instrument need be listed.

7. List the name of any unit of government which employed the person making the statement during the preceding calendar year other than the unit or units of government in relation to which the person is required to file.

8. List the name of any entity from which a gift or gifts, or honorarium or honoraria, valued singly or in the aggregate in excess of \$500, was received during the preceding calendar year.

VERIFICATION

"I declare that this statement of economic interests (including any accompanying schedules and statements) 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 shall be a fine not to exceed \$1,000 or imprisonment in a penal institution other than the penitentiary not to exceed one year, or both fine and imprisonment."

(signature of person making the statement)

(date)

This will be returned to you when statement is filed in the office of the County Clerk .

(COMPLETE BUT DO NOT DETACH)

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

(office or position of employment for which this statement is filed)

TYPE OR HAND PRINT

Name

Address

IL

City

State

Zip Code

All 3 pages must be returned to the DeKalb County Clerk for filing either in person or by mail. We will return this receipt to you.

LOCATION: 110 E Sycamore Street
Sycamore

MAILING ADDRESS: DeKalb County Clerk
110 E Sycamore Street
DeKalb, Illinois 60178