

## 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)
- 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)

## **LIBRARY (Municipal - Township)**

- OFFICE:** Local Library Board - Trustee (In villages under the Commission form of government, the Library Board of Trustees are appointed by the village council.) (75 ILCS 5/4-2)
- QUALIFICATIONS:** Qualified elector/registered voter.
- RESIDENCY:** Resident of incorporated town, village or township involved. (75 ILCS 5/4-3.3)
- SIGNATURE REQUIREMENTS:** Petition must be signed by at least 25 legal voters residing in the incorporated town, village (except a village under the Commission form of government) or township. (75 ILCS 5/4-3.3)
- 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:** Appropriate local municipal or township clerk.
- 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:** Trustees hold office until their successors are elected and qualified. (75 ILCS 5/4-3.1) Within 60 days after their election the trustees shall meet and organize. (75 ILCS 5/4-6)

TERM OF  
OFFICE:

7 Trustees: 6 years for incorporated towns, villages, and library boards. (Library Board may change to 4-year terms by resolution.)  
(75 ILCS 5/4-3.1)

7 Trustees: 4 years for Township Public Libraries.  
(75 ILCS 5/4-3.2)

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 )  
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 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)



# STATEMENT OF ECONOMIC INTERESTS

TO BE FILED WITH  
THE SECRETARY OF STATE



(Type or print name and address in the blank space below.)

\_\_\_\_\_  
(List each office or position of employment for which this Statement is filed.)

## 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 more space is needed, please attach supplemental listing.)

1. List the name and instrument of ownership in any entity doing business in the State of Illinois, 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 derived during the preceding calendar year. (In the case of real estate, location thereof shall be listed by street address or, if none, by legal description.) No time or demand deposit in a financial institution nor any debt instrument need be listed.

Business Entity

Instrument of Ownership

_____	_____
_____	_____
_____	_____
_____	_____

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 State of Illinois) of 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.

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5. List the identity of any compensated lobbyist with whom the person making the statement maintains a close economic association, including the name of the lobbyist and specifying the legislative matter or matters that are the object of the lobbying activity, and describing the general type of economic activity of the client or principal on whose behalf that person is lobbying.

Lobbyist	Legislative Matter	Client or Principal
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

6. List the name of any entity doing business in the State of Illinois 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. (In the case of real estate, location thereof shall be listed by street address or, if none, by legal description.) No time or demand deposit in a financial institution nor any debt instrument need be listed.

Entity	Position Held
<hr/>	<hr/>
<hr/>	<hr/>
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7. List the name of any unit of government that 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.

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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.

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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 Statement)

\_\_\_\_\_  
(Date)

**NOTE: This statement must be filed in the Office of the Secretary of State, Index Department, Ethics Section, 111 E. Monroe, Springfield, IL 62756.**

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(Signature of person making Statement)

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(Date)

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