**St. Charles Public Library**
One South Sixth Avenue
St. Charles IL 60174
630-584-0076 ▪ FAX 630-584-9262
scpld.org

Petition Packet for St. Charles Public Library District
Board of Trustees
Consolidated Election: April 4, 2023

Open Seats:
(2) Six-year terms
Two seats total

Petitions may NOT be circulated prior to September 20, 2022. (10 ILCS 5/10-4)

**Filing Period:** December 12 – 19, 2022
Our administrative office is open Monday – Friday from 9:00 a.m. – 5:00 p.m. during this filing period.
**Lottery Date:** December 20, 2022 at 4:30 p.m. at Library

This packet includes:

1. Statement of Candidacy (must be notarized; do not sign until in the presence of Notary)
2. Petition Forms (5) (all forms must be notarized)
3. Loyalty Oath (optional form; must be notarized if submitted)

Not included in this packet but **required** to turn in for a complete Petition Package:

1. Receipt for filing a statement of economic interest. This statement is filed with the Kane County Clerk's office. The Clerk's office will issue a receipt. This receipt needs to be included in the package submitted to the Library.

If you would like more information on becoming a Library Trustee, please contact Director, Kate Buckson at kbuckson@scpld.org or 630-584-0076, ext. 273.

If you have any questions on the election, please contact the Kane County Clerk's office at 630-232-5950 or countyclerk@co.kane.il.us.

10 ILCS 5/10-5, 10-5.1

_____ATTACH TO PETITION_____

Suggested
Revised March 2020
SBE No. P-1A

# STATEMENT OF CANDIDACY

## NONPARTISAN

| NAME: | OFFICE:<br><br>A Full Term is sought, unless an unexpired term is stated here: ____ year unexpired term |
|---|---|
| ADDRESS – ZIP CODE: | CITY. VILLAGE OR SPECIAL DISTRICT: |

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,_____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)

10 ILCS 5/10-3.1, 10-5.1
65 ILCS 5/4-3-8

X...BIND HERE...X

Suggested
Revised March 2020
SBE No. P-4

# NONPARTISAN PETITION
## (NON-MUNICIPAL AND COMMISSION FORM OF MUNCIPALITY)

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: | 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 _____ )
) 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)

SHEET NO. _____

10 ILCS 5/10-3.1, 10-5.1
65 ILCS 5/4-3-8

X...BIND HERE...X

Suggested
Revised March 2020
SBE No. P-4

# NONPARTISAN PETITION
## (NON-MUNICIPAL AND COMMISSION FORM OF MUNCIPALITY)

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: | 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 _____ )
) 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)

SHEET NO. _____

10 ILCS 5/10-3.1, 10-5.1
65 ILCS 5/4-3-8

X...BIND HERE...X

Suggested
Revised March 2020
SBE No. P-4

# NONPARTISAN PETITION
## (NON-MUNICIPAL AND COMMISSION FORM OF MUNCIPALITY)

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: | 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 _____ )
) 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)

SHEET NO. _____

10 ILCS 5/10-3.1, 10-5.1
65 ILCS 5/4-3-8

X...BIND HERE...X

Suggested
Revised March 2020
SBE No. P-4

# NONPARTISAN PETITION
## (NON-MUNICIPAL AND COMMISSION FORM OF MUNCIPALITY)

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: | 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 _____ )
) 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)

SHEET NO. _____

10 ILCS 5/10-3.1, 10-5.1
65 ILCS 5/4-3-8

X...BIND HERE...X

Suggested
Revised March 2020
SBE No. P-4

# NONPARTISAN PETITION
## (NON-MUNICIPAL AND COMMISSION FORM OF MUNCIPALITY)

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: | 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 _____ )
) 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)

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 )
) SS.
State of Illinois )

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)