

LISLE LIBRARY DISTRICT

777 Front Street, Lisle IL 60532 - lislelibrary.org - 630.971.1675

September 9, 2022

TO: Person Seeking Election to the Lisle Library District Board of Trustees

FROM: Lisle Library District | Tatiana Weinstein, LLD Director

RE: Election Packet

Thank you for your interest in serving the community as a Lisle Library District (LLD) Trustee. The enclosed packet has the following:

- 1. Candidate Checklist
- 2. Statement of Candidacy
- 3. Loyalty Oath (optional)
- 4. Petition Sheet

To obtain a copy of the 2023 State Board of Elections Candidate's Guide, Election Official's Handbook, and the Election Campaign & Finance Calendar, visit: www.dupageco.org/election or www.elections.il.gov.

The first day to circulate petitions is September 20, 2022. Petition sheets must have signatures from a minimum of 50 qualified registered voters residing in the District.

Please bring the Statement of Candidacy and the Petitions for Nomination to the LLD with the receipt of the Statement of Economic Interest between Monday, December 12, 2022 and Monday, December 19, 2022. LLD Administrative Office staff will be available during regular business hours Monday through Friday until 4:00 pm (12/12-12/18) and Monday, December 19, 2022 until 5:00 pm to accept candidate documents. The LLD opens at 9:30AM Monday through Friday.

Sincerely,

Tatiana Weinstein LLD Director tatiana@lislelibrary.org 630-971-1675 x1004

CANDIDATE CHECKLIST
Meet residency , age , and other qualifications for the specific office
File paperwork with the SBE Campaign Disclosure division or the Federal Election Commission regarding finances (if needed)
 File a notarized Statement of Candidacy including (but not limited to): Your name Your address Office sought Party Office location (for example, the district or county) Date of the election
File a Statement of Economic Interests receipt (does not apply to federal offices or political party offices)
File a Loyalty Oath (optional)
File a Code of Fair Campaign Practices (optional)
File notarized petition sheets with the required number of signatures, numbered consecutively starting with the number "1"
Include Certificate of Deletions with petitions, numbered consecutively starting with the number "1" (if applicable)
Fill out data entry card (for people who file with the State Board of Elections) and place on top of nominating petition packet (does not need to be attached to packet)
File with the appropriate election authority (see specific office in this guide for details)
Note : This checklist is not binding and should not be construed as sufficient argument in response to any objection or legal argument. If you have further questions, you may contact the division of Election Operations at the State Board of Elections or your legal counsel.

ATTACH TO PETITION

STATEMENT OF CANDIDACY

NONPARTISAN

NAME:	OFFICE:
	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	e following (this information will appear on the ballot)
FORMERLY KNOWN AS UN (List all names during last 3 years)	ITIL NAME CHANGED ON (List date of each name change)
(List all names during last 5 years)	(List date of each name change)
STATE OF ILLINOIS)	
) SS. County of)	
, , , , , , , , , , , , , , , , , , ,	
l hoir	ar first duly sworn (or affirmed), southat I reside at
l,beir	
, in the City, Village, Ur	
(if unincorporated, list municipality that provides postal service)	Zip Code, in the County of
, State of Illinois; that I am a qua	lified voter therein, that I am a candidate for Nomination/
Election to the office ofi	n 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	se of the petition filing period) a Statement of Economic Interests
as required by the Illinois Governmental Ethics Act and I herel	by 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 e) (insert month, day, year)
(Name of Candidate) (Name of Candidate)	e) (insert month, day, year)

(Notary Public's Signature)

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_____

(Name of Candidate)

on ___

(insert month, day, year)

(Notary Public's Signature)

before me,

(SEAL)

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

in the

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

We, the undersigned, qualified voters in the

County of

(unit of government)

_____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 beheld

on	(date of elect	tion).		
NAME:		OFFICE:		
ADDRESS:				
		A Full Term is sought, unless an unex	xpired term is stated here:year u	inexpired term
If required pursuant to 10 ILCS 5/10-5. FORMERLY KNOWN AS		ME CHANGED ON	ch name change)	
NAME	VOTER'S PRINTED	STREET ADDRESS	, , , , , , , , , , , , , , , , , , ,	
(VOTER'S SIGNATURE)	NAME (optional)	RR NUMBER	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. _)			
l,	_(Circulator's Name) do hereb	by certify that I reside at		, in the
City/Village/Unincorporated Area of		(if unincorporated, list	municipality that provides post	al service) (Zip
Code), County of age and qualified to vote in Illinois), that I am a	, State of	tr	nat I am 18 years of age or olde	r (or 17 years of
age and qualified to vote in Illinois), that I am a preceding the last day of filing of the petitions a petition registered voters of the political division	and are genuine and that to the b	est of my knowledge and belief t	he persons so signing were at the f	ime of signing the
		(Circulator's Signature)		
Signed and sworn to (or affirmed) by	(Name of Circulator)	before me, on	(Insert month, day, year)	
(SEAL)	,			
		(Notary Public's Signature)	
	SHEET NO.			