LIBRARY TRUSTEE CANDIDATE COURTESY **PACKET**

The following is a courtesy packet. Candidates should review the 2023 State of Illinois 'Candidates Guide for all information regarding becoming a Public Library District Board-Trustee Candidate.

To view the guide in its entirety, visit the Running for Office Section of the Illinois

State Board of Elections'

Website at: https://www.elections.il.gov/

Memo

To: Prospective Public Library District Board - Trustee Candidates

From: Heather Shlah (on behalf of Library Board Secretary Catherine D. Sanders)

Date: September 20, 2022

Re: April 4, 2023, Library Trustee Election:

Candidate Filing Information and Petition Signature Requirements

General Information

Four positions on the Lemont Public Library District's Board of Trustees will be filled at the Consolidated Election on April 4, 2023.

The term for these positions is four years.

The filing period runs from 9:00AM, Monday, December 12, 2022, through 5:00PM Monday, December 19, 2022. Completed forms can only be accepted during this time. Please submit these forms to the Library, in care of the Library Director during regular library hours.

The date and time when a candidate submits these items must be noted by the staff member who accepts them.

Monday-Thursday: 9:00AM to 9:00PM

Friday and Saturday: 9:00AM to 5:00PM

• Sunday: 12:00PM (NOON) to 4:00PM

The required number of signatures will depend on 2% of the ballots cast for the position of library trustee at the last consolidated election *or* 50 signatures (whichever is less.) 2% of 7,950 is 159. So, 50 signatures will be required on the petition. It is recommended that candidates exceed the minimum signatures by a comfortable margin, in the event that some signatures on the petition are challenged or proven to be invalid.

What are the Responsibilities of a Library Trustee?

Along with fellow board members, a trustee establishes policies and long-term goals for the library. Trustees understand the Library's mission, service roles and strategic plan and can articulate these to the community. Trustees oversee the budget process, set the annual tax levy and advocate for the library in the community.

ESSENTIAL DUTIES AND RESPONSIBILITIES

- Attends board meetings and participates appropriately.
- Follows the Illinois Open Meetings Act and the Illinois Freedom of Information Act and all other pertinent State and Federal laws.
- Assists in establishing clear by-laws which outline operating procedures for the board.
- Assists in establishing library policies and helps update them as needed.
- Assists in overseeing budget preparation, sets the annual tax levy and ensures that documents for the library's annual tax levy are properly posted, published, and filed.
- Encourages and participates in long-term strategic planning.
- Hires, evaluates, and approves compensation for the Library Director.
- Recognizes that the board deals directly with the Library Director, while the Library Director supervises all other library staff and is responsible for day-today operations.

SPECIFIC DUTIES

- Prepares for board meetings by reading board meeting minutes and all reports, serves on committees as needed and as appointed by the board president.
- Reads policies and other publications related to library trustees, such as the Illinois Trustee Facts File and the Financial Manual for Illinois Public Libraries.
- Abides by majority decisions reached by the board and publicly supports those decisions. Follows the established chain of command for effecting change.

- Reviews monthly financial reports. Reviews the annual Financial Audit.
- Becomes informed of the services offered by the library and promotes these services to the community.
- Becomes aware of services and issues related to Illinois Library Systems and contacts local and State elected officials when issues pertaining to the library arise.
- Is familiar with Intellectual Freedom principles and understands how they are applied in the face of challenges.
- Keeps up with current library trends and practices by reading the literature of the profession and by visiting other libraries.
- Is aware of various policies and the Board of Trustee By-laws.

REQUIREMENTS

- Qualified elector/registered voter
- Resident of the Lemont Public Library District.

Suggested Revised March 2020 SBE No. P-1

STATEMENT OF CANDIDACY

NAME:		OFFICE:			
ADDRESS – ZIP CODE:		A Full Term is sought, unless an	unexpired term is sta	ated here:year unexpi	ired term
		DISTRICT:			
		PARTY:			
If required pursuant to 10 ILCS 5/7-10.2, 8-8.1 of	or 10-5.1, complete t	he following (this informatio	n will appear on	the ballot)	
FORMERLY KNOWN AS(List all names duri	ng last 3 years)	INTIL NAME CHANGED O	N(List date o	of each name change)	_
STATE OF ILLINOIS) County of)	SS.				
I,at	<u>-</u> -		,	**	reside
(if unincorporated, list municipality that provide					
, State					of the
		n a candidate for N			
in t					
		am legally qualified (incl			
may be an eligibility requirement for the offic					
file before the close of the petition filing p	period) a Stateme	nt of Economic Interests	as required 1	by the Illinois Govern	nmental
Ethics Act and I hereby request that my na	ame be printed u	oon the official		(Name of	Party)
Primary ballot for Nomination/Election for suc	h office.				
		(Signa	ature of Candi	date)	
		, 5		,	
Signed and sworn to (or affirmed) by		be	efore me, on ₋	(insert month, day, y	
	(Name of Ca	ndidate)		(insert month, day, y	year)
(SEAL)		/Noton: D	ublio's Signatur	(70)	
(SEAL)		(Notary Pi	ublic's Signatu	1 <i>0)</i>	

Suggested Revised March 2020 SBE No. P-1

STATEMENT OF CANDIDACY

NAME:	OFFICE:
ADDRESS – ZIP CODE:	A Full Term is sought, unless an unexpired term is stated here:year unexpired term
	DISTRICT:
	PARTY:
If required pursuant to 10 ILCS 5/7-10.2, 8-8.1 or 10-5.1, complete to	the following (this information will appear on the ballot)
FORMERLY KNOWN AS (List all names during last 3 years)	JNTIL NAME CHANGED ON(List date of each name change)
STATE OF ILLINOIS)) SS. County of)	
\ \tag{\tag{\tag{\tag{\tag{\tag{\tag{	Candidate) being first duly sworn (or affirmed), say that I reside
	y, Village, Unincorporated Area of
if unincorporated, list municipality that provides postal service) Z	am a qualified voter therein and am a qualified Primary voter of the
	m a candidate for Nomination/Election to the office of
	District, to be voted upon at the primary election to be held on
	am legally qualified (including being the holder of any license that
	the nomination) to hold such office and that I have filed (or I will
	ent of Economic Interests as required by the Illinois Governmental
Ethics Act and I hereby request that my name be printed u	pon the official(Name of Party)
Primary ballot for Nomination/Election for such office.	
	(Signature of Candidate)
	(Oignature of Outlandto)
Signed and sworn to (or affirmed) by(Name of Ca	before me, on andidate) (insert month, day, year)
(Name of Ca	indidate) (insert month, day, year)
(SEAL)	(Notary Public's Signature)

A	TT	A	CH	TO	PETI	TION	
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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.			
l,			_, do swe	ear (or affirm) that I am	a citizen of the
United States and the State of III	inois, that I a	am not affili	ated dire	ectly or indirectly with a	any communist
organization or any communist fro	ont organizati	ion, or any	foreign p	oolitical agency, party, o	organization or
government which advocates the	overthrow of	f constitutio	nal gove	rnment by force or oth	ner means not
permitted under the Constitution of	the United St	tates or the (Constituti	on of this State; that I do	o not directly or
indirectly teach or advocate the ov	erthrow of th	ne governme	ent of the	United States or of th	is State or any
unlawful change in the form of the	governments	thereof by f	orce or a	ny unlawful means.	
				(Signature of Can	didate)
Signed and sworn to (or af	firmed) by				before me,
		(N	ame of C	Candidate)	
on (insert month, day, year)	•				
				(Notary Public's	Signature)
(SEAL)				()	
(SEAL)					

Statement of Economic Interests to be Filed with the County Clerk Your Name Was Submitted For Filing by an Entity That You Represent (Type or Print)

Name:		
Each Office or Position of Employment for	which this Statement is Filed:	
Full Post Office Address:		
	GENERAL DIRECTIONS	
The interest (if constructively controlled by be the same as the interest of the person n space is needed, please attach suppleme	the person making the statement) of a spous naking the statement. Campaign receipts shall ntal listing.	se or any other party shall be considered to not be included in this statement. If more
person is required to file, in which the o ket value, or from which dividends in exc	hip in any entity doing business with a unit of tweether with a unit of the person at the doless of \$1,200 were received during the preceding reet address, or if none, then by legal descriptions shall be listed.	ate of filing is in excess of \$5,000 fair mar- ng calendar year: (In the case of real estate,
Business Entity	Instrument of Ownership	Position of Management
2. List the name, address and type of practic cer, director, associate, partner or proprie during the preceding calendar year:	ce of any professional organization in which thetor, or served in any advisory capacity, from wh	e person making the statement was an offi- hich income in excess of \$1,200 was derived
Name	Address	Type of Practice
	endered (other than to the unit or units of loca	
son is required to file) to each entity fro the preceding calendar year by the perso	om which income exceeding \$5,000 was received to making the statement:	ed for professional services rendered during

Statement of Economic Interests to be Filed with the County Clerk Your Name Was Submitted For Filing by an Entity That You Represent (Type or Print)

Name:		
Name.		
Each Office or Position of Employment for v	vhich this Statement is Filed:	
Full Post Office Address:		
	GENERAL DIRECTIONS	
The interest (if constructively controlled by be the same as the interest of the person magnetic supplements.	the person making the statement) of a spous taking the statement. Campaign receipts shall intal listing.	e or any other party shall be considered to not be included in this statement. If more
person is required to file, in which the o ket value, or from which dividends in exce	nip in any entity doing business with a unit of wnership interest held by the person at the da less of \$1,200 were received during the precedir eet address, or if none, then by legal descripti shall be listed.	ate of filing is in excess of \$5,000 fair mar- ng calendar year: (In the case of real estate,
Business Entity	Instrument of Ownership	Position of Management
 List the name, address and type of practic cer, director, associate, partner or proprie during the preceding calendar year: 	ee of any professional organization in which the tor, or served in any advisory capacity, from wh	e person making the statement was an offi- nich income in excess of \$1,200 was derived
Name	Address	Type of Practice
3. List the nature of professional services re son is required to file) to each entity from the preceding calendar year by the perso	ndered (other than to the unit or units of loca m which income exceeding \$5,000 was receive n making the statement:	al government in relation to which the pered for professional services rendered during

Suggested Revised March 2020 SBE No. P-4

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

We, the undersigned, qualified voters in			in	the
County of) and State of Illinois, do he	unit of government) ereby petition that the following na	amed person shall be a N	onpartisan
Candidate for election to the office herei	nafter specified, in the aforesaid u	unit of government, to be voted for	r at the election to be held	
on	(date of electio	n).		
NAME:	0	FFICE:		
ADDRESS:				
		Full Term is sought, unless an unexpired ter	rm is stated here:year u	nexpiredterm
	5.1, complete the following (this informationUNTIL NAME	SO SOLETE ESC RETO RESIDENCE		
(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	
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3.			,IL	
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10.			,IL	
04-4		1		
State of	_) ss.			
County of)			
1	(Circulator's Name) do hereby	certify that I reside at	No.	, in the
City/Village/Unincorporated Area of		(if unincorporated, list munici	pality that provides post	al service) (Zi
Code) County of	State of	that I an	n 18 vears of age or older	for 17 years o
Code), County of age and qualified to vote in Illinois), that I am	a citizen of the United States, and the	at the signatures on this sheet were s	igned in my presence, not m	nore than 90 day
preceding the last day of filing of the petitions petition registered voters of the political division	n in which the candidate is seeking ele	ctive office, and their respective resid	ons so signing were at the ti ences are correctly stated, as	me of signing the above set forth.
		(Circula	itor's Signature)	
Signed and sworn to (or affirmed) by		before me. on	•	
Signed and sworn to (or affirmed) by	(Name of Circulator)	before me, on(Insert month, day, year)	
(SEAL)				
		(Notary	Public's Signature)	

Suggestec 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
County of	and State of Illinois, do	(unit of government)	ed person shall be a N	onnartisan
Candidate for election to the office he				
on	(date of electi	ion).		
NAME:		OFFICE:		
ADDRESS:				
		A Full Term is sought, unless an unexpired term	s stated here:year u	nexpiredterm
	10-5.1, complete the following (this information			
	UNTIL NAMall names during last 3 years)	ME CHANGED ON	ange)	
NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
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State of				
County of) SS.)			
l,	(Circulator's Name) do hereb	y certify that I reside at		, in the
City/Village/Unincorporated Area of_		(if unincorporated, list municipa	lity that provides post	al service) (Zi
Code), County of age and qualified to vote in Illinois), that I is preceding the last day of filing of the petitic petition registered voters of the political divi	ons and are genuine and that to the be	est of my knowledge and belief the person	s so signing were at the t	ime of signing th
		(Circulato	r's Signature)	
Signed and sworn to (or affirmed) by_	(Name of Circulators)	before me, on(In	eart month day year	
(SEAL)	(Name of Circulator)	(in	sert monur, day, year)	
(SEAL)		(Notary P	ublic's Signature)	

Suggeste Revised March 202 SBE No. P-

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

We, the undersigned, qualified voters in			i	n the
County of	and State of Illinois, do h	unit of government) ereby petition that the following nan	ned person shall be a N	lonnartisan
Candidate for election to the office herei				
on				
	(date of electio	n).		
NAME:	0	OFFICE:		
ADDRESS:				
If required purpose to 40 H OO 5/40 5		Full Term is sought, unless an unexpired term	is stated here:year i	unexpired term
	5.1, complete the following (this information UNTIL NAME	will appear on the ballot) E CHANGED ON		
(List all n	names during last 3 years)	(List date of each name cl		
NAME	VOTER'S PRINTED	STREET ADDRESS OR	CITY, TOWN OR	COLINITY
(VOTER'S SIGNATURE)	NAME (optional)	RR NUMBER	VILLAGE	COUNTY
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8.			,IL	
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State of)			
County of				
	_)			
1	_(Circulator's Name) do hereby c	ertify that I reside at		, in the
City/Village/Unincorporated Area of		(if unincorporated list municipal	lity that provides poets	al consider) (7:
code), County of ge and qualified to vote in Illinois), that I am a	, State of	that I am 1	8 years of age or older	(or 17 years o
recording the last day of filling of the belitions	and are denuine and that to the best	of my knowledge and holiet the person	o oo gigning was at the att.	
etition registered voters of the political division	in which the candidate is seeking elec	ctive office, and their respective residence	ces are correctly stated, as	above set forth.
		(Circulator	's Signature)	
signed and sworn to (or affirmed) by		before me, on		
	(Name of Circulator)	before me, on(Ins	sert month, day, year)	
(SEAL)				
		(Notary Pu	ublic's Signature)	
	SHEET NO			

Suggested Revised March 2020 SBE No. P-4

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

Ne, the undersigned, qualified voters in t	he		in	the
County of		unit of government)	ned person shall be a N	onpartisan
Candidate for election to the office herein				
on	(date of electio	n).		
NAME:	C	PFFICE:		
ADDRESS:				
	A	Full Term is sought, unless an unexpired term	is stated here:year u	nexpiredterm
(a)	.1, complete the following (this information			
	UNTIL NAME ames during last 3 years)	E CHANGED ON(List date of each name of	hange)	
NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
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State of				
County of) SS. _)			
1	_(Circulator's Name) do hereby	certify that I reside at		, in the
City/Village/Unincorporated Area of		(if unincorporated, list municip	ality that provides post	al service) (Zi
Code), County of age and qualified to vote in Illinois), that I am preceding the last day of filing of the petitions betition registered voters of the political division	and are genuine and that to the bes	t of my knowledge and belief the perso	ins so signing were at the t	time of signing th
		(Circulat	or's Signature)	
Signed and sworn to (or affirmed) by	(Name of Circulator)	before me, on(I	nsert month, day year)	
(OFAL)	(Ivanie of Circulator)	(II		
(SEAL)		(Notary	Public's Signature)	

Suggeste Revised March 202 SBE No. P

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

we, the undersigned, qualified voters in		- 14 f	i	n the
County of	ا) and State of Illinois, do he	unit of government) ereby petition that the following nar	med person shall be a N	lonnartisan
Candidate for election to the office herei	nafter specified, in the aforesaid u	nit of government, to be voted for	at the election to be held	d
on	(date of election	1).		
NAME:	0	FFICE:		
ADDRESS:				
	AF	ull Term is sought, unless an unexpired term	is stated here:vear	Inexpired term
If required pursuant to 10 ILCS 5/10-5 FORMERLY KNOWN AS_	i.1, complete the following (this information	will appear on the ballot)		
	ames during last 3 years)	CHANGED ON(List date of each name c		
NAME	VOTER'S PRINTED	STREET ADDRESS OR	CITY, TOWN OR	
(VOTER'S SIGNATURE)	NAME (optional)	RR NUMBER	VILLAGE	COUNTY
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tate of)			
ounty of) SS.			
	(Circulatoria Nama) da la cal			
		rtify that I reside at		
ity/Village/Unincorporated Area of				
ode), County of le and qualified to vote in Illinois), that I am a eceding the last day of filing of the petitions a	, State of	that I am 1	8 years of age or older	(or 17 voors
le and qualified to vote in Illinois), that I am a eceding the last day of filing of the petitions a tition registered voters of the political division.	citizen of the United States, and that to	the signatures on this sheet were sign	ed in my presence, not mo	ore than 90 day
tition registered voters of the political division	in which the candidate is seeking electi	ive office, and their respective residence	es are correctly stated, as	ne of signing th above set forth
		(Circulator	's Signature)	
gned and sworn to (oraffirmed) by		before me, on	>	
	(Name of Circulator)	before me, on(Ins	ert month, day,year)	1
(SEAL)				
		(Notary Pu	blic's Signature)	
	SHEET NO			

Suggeste Revised March 202 SBE No. P-

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

We, the undersigned, qualified voters in	the		ir	the
County of	ι) and State of Illinois, do he	init of government)	named person shall be a N	onnartisan
Candidate for election to the office herein				
on				
NAME:	OI	FFICE:		
ADDRESS:				
	AF	full Term is sought, unless an unexpire	ed term is stated here:	novoirodtorm
If required pursuant to 10 ILCS 5/10-5	.1, complete the following (this information		year u	nexpired term
FORMERLY KNOWN AS	UNTIL NAME			
NAME	ames during last 3 years) VOTER'S PRINTED	(List date of each n		
(VOTER'S SIGNATURE)	NAME (optional)	STREET ADDRESS O RR NUMBER	R CITY, TOWN OR VILLAGE	COUNTY
1.			,IL	
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8.			,IL	
9.			,IL	
10.			,IL	· · · · · · · · · · · · · · · · · · ·
State of)			7
County of	SS.			
1	_(Circulator's Name) do hereby co	ertify that I reside at		, in the
City/Village/Unincorporated Area of		_(if unincorporated, list mur	nicipality that provides posta	al service) (Zi
Code), County of_ age and qualified to vote in Illinois), that I am a	, State of	that I	am 18 years of age or older	(or 17 years o
age and qualified to vote in Illinois), that I am a preceding the last day of filing of the petitions a	citizen of the United States, and that	the signatures on this sheet wer	e signed in my presence, not m	ore than 90 day
petition registered voters of the political division	in which the candidate is seeking elec	tive office, and their respective re	ersons so signing were at the tile sidences are correctly stated, as	ne of signing the above set forth
		(Circ	culator's Signature)	
Signed and eworn to (or offirmed) by		•	,	
Signed and sworn to (or affirmed) by	(Name of Circulator)	before me, on	(Insert month, day, year)	
(SEAL)				
		(Nota	ary Public's Signature)	
	SHEET NO	·		

Suggeste Revised March 202 SBE No. P

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

we, the undersigned, qualified vote			i	n the	
County of	and State of Illinois, do h	(unit of government) ereby petition that the following nan	ned person shall be a N	lonnartisan	
Candidate for election to the office	hereinafter specified, in the aforesaid	unit of government, to be voted for a	at the election to beheld	d	
on	(date of election	on).			
NAME:	(DFFICE:			
ADDRESS:					
	A	Full Term is sought, unless an unexpired term	is stated here:	unovnisod to	
If required pursuant to 10 ILCS	5 5/10-5.1, complete the following (this information	will appear on the ballot)		unexpired term	
FORMERLY KNOWN AS(L	UNTIL NAME.ist all names during last 3 years)				
NAME	VOTER'S PRINTED	(List date of each name ch	CITY, TOWN OR		
(VOTER'S SIGNATURE)	NAME (optional)	RR NUMBER	VILLAGE	COUNTY	
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ate of					
ounty of	\ 00				
	(Circulator's Name) do hereby c				
ode), County of e and qualified to vote in Illinois), that I eceding the last day of filing of the petit tition registered voters of the political di	, State of, State of, and that tions and are genuine and that to the best vision in which the candidate is seeking elec	that I am 18 the signatures on this sheet were signored from the signatures of the signatures of my knowledge and belief the persons citive office, and their respective residence	8 years of age or older ed in my presence, not mo so signing were at the tir es are correctly stated, as	(or 17 years of ore than 90 day me of signing the above set forth	
and and owers to facilities and			's Signature)		
jned and sworn to (oraπirmed) by_	ned and sworn to (or affirmed) by(Name of Circulator)		_before me, on(Insert month, day, year)		
(SEAL)	,	(113	ore monar, day, year j		
		(Notary Pu	blic's Signature)		