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:** **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 Henry 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 April 6, 2027 (date of election).

NAME:	**OFFICE:** Type text here Library Trustee
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 Illinois)
) SS.
County of Hnery)

I, _____ (Circulator's Name) do hereby certify that I reside at _____, in the City/Village/Unincorporated Area of Colona (if unincorporated, list municipality that provides postal service) (Zip Code) 61241, County of Henry, State of Illinois 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 Henry 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 April 6, 2027 (date of election).

NAME:	**OFFICE:** Type text here Library Trustee
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 Illinois)
) SS.
County of Hnery)

I, _____ (Circulator's Name) do hereby certify that I reside at _____, in the City/Village/Unincorporated Area of Colona (if unincorporated, list municipality that provides postal service) (Zip Code) 61241, County of Henry, State of Illinois 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

L O Y A L T Y O A T H
(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)

PUBLIC LIBRARY DISTRICT BOARD – TRUSTEE

Public Library District

NOMINATION PAPERS

Petitions: Nonpartisan (SBE Form P-4)

Statement of Candidacy: Nonpartisan (SBE Form P-1A)

Loyalty Oath (optional): All candidates (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. (5 ILCS 420/4A-106) See page 22 regarding filing the receipt.

Fair Campaign Practices Act (voluntary): Filed with the State Board of Elections.

QUALIFICATIONS

Qualified elector of the library district with one-year residency in the library district at the time nomination papers are filed. (75 ILCS 16/30-20(d))

A person is not eligible to serve as a library trustee who, at the time of filing nomination papers, is in arrears in the payment of a tax or other indebtedness due to the library district or has been convicted in any court located in the United States of any infamous crime, bribery, perjury, or other felony. (75 ILCS 16/30-20(e))

A person convicted of a felony, bribery, perjury, or other infamous crime, for an offense committed on or after November 17, 2023 (the effective date of Public Act 103-562) and committed while the person was serving as a public official in this State, is ineligible to hold any local public office unless the person's conviction is reversed, the person is again restored to such rights by the terms of a pardon for the offense, the person has received a restoration of rights by the Governor, or the person's rights are otherwise restored by law. (730 ILCS 5/5-5-5)

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(a))

FILING DATES

November 16-23, 2026 (not more than 141 nor less than 134 days prior to the consolidated election).
(10 ILCS 5/10-6(2))

WHERE TO FILE

With the Library District Secretary. (75 ILCS 16/30-20(a))

TERM

7 Trustees: 6-year terms. The library board may, by resolution, change to 4-year terms. (75 ILCS 16/30-10)

TERM BEGINS

The third Monday of the month (May 17, 2027) following the regular election of trustees.
(75 ILCS 16/30-10, 30-40(e))

Within 74 days after their election or appointment, the incumbents and new trustees shall take their oaths of office and meet to organize the board. (75 ILCS 16/30-40(a))

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 69 W. Washington St., Suite LL-08, Chicago, IL 60602.

April 2027 Library Trustee Election

What is Required to be a Library Trustee?

1. Be a resident of the Colona Public Library District for at least one year prior to the election
2. Registered voter
3. U.S. Citizen
4. At least 18 years of age
5. Gather at least 25 signatures from registered voters residing within the Library District
6. File an Economic Interest Statement
7. Complete OMA and FOIA training online

How to Run for the Library Board

Download a Petition Packet, and keep these important dates in mind:

- August 25, 2026 — Petition circulation begins.
- November 16, 2026 — First day to file candidate petitions.
- November 23, 2026 — Last day to file candidate petitions.

Petition packets are also available at:

- Colona District Public Library during library hours.
- Henry County Clerk's office

If you are interested in becoming a candidate for the Colona District Public Library Board of Trustees, you will need to complete the required nomination paperwork and collect signatures on nominating petitions. Library Board candidates are nonpartisan.

Candidates must file their completed nomination papers during the filing period to the Colona District Public Library, 911 1st Street, Colona, IL 61241. The office is open Monday – Friday from 10:00 a.m.-8:00 p.m. during this filing period.

Please note: This page is provided as a general resource for individuals interested in running for the Library Board. Candidates are responsible for making sure their nomination paperwork meets all requirements and is filed correctly and on time.

Duties

Library trustees attend all regular monthly meetings and special meetings of the board. They participate in the decision-making process for the district, including the establishment of Library policies and goals, and monitor the budget and expenses. As stewards of public resources, board members are public servants who serve in the best interest of the community. Trustee positions are nonpartisan.

If you're passionate about public libraries, becoming a Colona District Public Library Board of Trustees member is a great way to serve your community! The next Library Board election will take place on April 6, 2027. Voters will pick candidates to fill three 4-year terms.

STATEMENT OF ECONOMIC INTERESTS

INSTRUCTIONS: You may find the following documents helpful to you in completing this form: (1) Federal income tax returns, including any related schedules, attachments, and forms; and (2) Investment and brokerage statements. To complete this form, you do not need to disclose specific amounts or values or report interests relating either to political committees registered with the Illinois State Board of Elections or to political committees, principal campaign committees, or authorized committees registered with the Federal Election Commissioin. The information you disclose will be available to the public. You must answer all 6 questions. Certain questions will ask you to report any applicable assests or debts held in, or payable to, your name; held jointly by, or payable to, you with your spouse; or held jointly by, or payable to, you with your minor child. If you have any concerns about whether an interest should be reported, please consult your department's ethics officer, if applicable. Please ensure that the information you provide is complete and accurate. If you need more space than the form allows, please attach additional pages for your response. If you are subject to the State Officials and Employees Ethics Act, your ethics officer must review your statement of economic interests before you file it. Failure to complete the statement in good faith and within the prescribed deadline may subject you to fines, imprisonment, or both.

BASIC INFORMATION:

Name:_____

Job Title: _____

Office, department, or agency that requires you to file this form:

_____

Other offices, departments, or agencies that require you to file a Statement of Economic Interests form: _____

Full mailing address: _____

Preferred e-mail address(optional): _____

QUESTIONS:

1. If you have any single asset that was worth more than $10,000 as of the end of the preceding calendar year and is held in, or payable to, your name, held jointly by, or payable to, you with your spouse, or held jointly by, or payable to, you with your minor child, list such assets below. In the case of investment real estate, list the city and state where the investment real estate is located. If you do not have any such assets, list "none" below.

_____

_____

_____

_____

2. Excluding the position for which you are required to file this form, list the source of any income in excess of $7,500 required to be reported during the preceding calendar year. If you sold an asset that produced more than $7,500 in capital gains in the preceding calendar year, list the name of the asset and the transaction date on which the sale or transfer took place. If you had no such sources of income or assets, list "none" below.

STATEMENT OF ECONOMIC INTERESTS

Source of Income/Name of Asset	Date Sold (if applicable)

3. Excluding debts incurred on terms available to the general public, such as mortgages, student loans, and credit card debts, if you owed any single debt in the preceding calendar year exceeding $10,000, list the creditor of the debt below. If you had no such debts, list "none" below. List the creditor for all applicable debts owed by you, owed jointly by you with your spouse, or owed jointly by you with your minor child. In addition to the types of debts listed above, you do not need to report any debts to or from financial institutions or government agencies, such as debts secured by automobiles, household furniture or appliances, as long as the debt was made on terms available to the general public, debts to members of your family, or debts to or from a political committee registered with the Illinois State Board of Elections or any political committee, principal campaign committee, or authorized committee registered with the Federal Election Commission.

4. List the name of each unit of government of which you or your spouse were an employee, contractor, or office holder during the preceding calendar year other than the unit or units of government in relation to which the person is required to file and the title of the position or nature of the contractual services.

Name of Government	Title or Nature of Services

5. If you maintain an economic relationship with a lobbyist or if a member of your family is known to you to be a lobbyist registered with any unit of government in the State of Illinois, list the name of the lobbyist below and identify the nature of your relationship with the lobbyist. If you do not have an economic relationship with a lobbyist or a family member known to you to be a lobbyist registered with any unit of government in the State of Illinois, list "none" below.

Name of Lobbyist	Relationship to Filer

6. List the name of each person, organization, or entity that was the source of a gift or gifts, or honorarium or honoraria, valued singly or in the aggregate in excess of $500 received during the preceding calendar year and the type of gift or gifts, or honorarium or honoraria, excluding any gift or gifts from a member of your family that was not known to be a lobbyist registered with any unit of government in the State of Illinois. If you had no such gifts, list "none" below.

STATEMENT OF ECONOMIC INTERESTS

7. List the name of any spouse or immediate family member living with the person making this statement employed by a public utility in this State and the name of the public utility that emplys the relative.

Name and Relation	Public Utility
_____	_____
_____	_____
_____	_____

VERIFICATION

"I declare that this statement of economic interests (including any attachments) 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 is a fine not to exceed $2,500 or imprisonment in a penal institution other than the penitentiary not to exceed one year, or both fine and imprisonment."

Printed Name of Filer: _____

Date: _____

Signature: _____

If this statement of economic interests requires ethics officer review prior to filing, the applicable ethics officer must complete the following:

CERTIFICATION OF ETHICS OFFICER REVIEW:

"In accordance with law, as Ethics Officer, I reviewed this statement of economic interests prior to its filing."

Printed Name of Ethics Officer: _____

Date: _____

Signature: _____

Preferred e-mail address (optional): _____

COMPLETE BUT DO NOT DETACH

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

_____
Name(Print)

_____
Address

_____
City State Zip