COURTESY PACKET FOR BARRINGTON AREA LIBRARY TRUSTEE CANDIDATES CONSOLIDATED ELECTION APRIL 1, 2025

PACKET DOCUMENTS:

- Statement of Candidacy (Nonpartisan) P-1A
- Petition for Nomination (make as many copies as needed)
- Loyalty Oath P-1C
- Statement of Economic Interest Receipt (Paper or Electronic Submission)
 - To file electronically, go to the Lake County Website https://www.lakecountyil.gov/4307/Candidate-Statement-of-Economic-Interest
 - Please direct any questions to the Lake County Clerk's office at 847-377-2400

FILING INSTRUCTIONS:

- Submit your completed Statement of Economic Interest to the Lake County Clerk's office. You will receive a "Receipt" that must be filed, along with the remainder of your packet to the election official at the Barrington Area Library.
- A completed packet will include the following documents:
 - Statement of Candidacy
 - Petitions with the required number of signatures (50)
 - Loyalty Oath (optional)
 - Statement of Economic Interest Receipt

FIRST DAY TO CIRCULATE PETITIONS: August 20, 2024

FILING PERIOD: November 12-15, and November 18, 2024

• 9:00 a.m. - 12:00 p.m. & 1:30 p.m.- 5:00 p.m.

The 2025 Consolidated Election Calendar and Candidate's Guide are available on the State Board of Elections Website at www.elections.il.gov

Information contained in this packet is not binding and should not be construed as legal advice or sufficient argument in response to an objection to any candidate's nominating papers. The State Board of Elections recommends that all prospective candidates consult with competent legal counsel when preparing their nomination papers.

10 ILCS 5/10-5, 10	-5	. 1
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ATTACH	TO	PETITION	
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Suggested Revised March 2020 SBE No. P-1A

STATEMENT OF CANDIDACY

NONPARTISAN

NASS	
NAME:	OFFICE;
	A Full Term is sought, unless an unexpired term is stated here: year unexpired ten
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, com	nplete the following (this information will appear on the ballot)
	•
FORMERLY KNOWN AS (List all names during last 3 year	(List date of each name change)
STATE OF ILLINOIS)	
) SS. County of	
ı	
1,	ody that I reside at
	age, Unincorporated Area of
(if unincorporated, list municipality that provides postal se	ervice) 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)
o be voted upon at the election to be held on	(date of election) and that I am legally qualified
o hold such office and that I have filed (or I will file before t	the close of the petition filing period) a Statement of Economic Interests
	I hereby request that my name be printed upon the official ballot for
Iomination/Election to such office.	The state of the s
	(Signature of Candidate)
igned and sworn to (or affirmed) by(Name of Car	didate) before me, on (insert month, day, year)
,	/ (mocremann, day, year)
(SEAL)	
(SEAL)	(Notary Public's Signature)

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Suggested Revised March 2020 SBE No. P-4

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

We, the undersigned, qualified voters in t	the			n the
County of	and State of Illinois, do	(unit of government) hereby petition that the following name		
Candidate for election to the office herein	nafter specified, in the aforesa	d unit of government, to be voted fo	r at the election to behel	d d
on	(date of elec	tion).		
NAME:		OFFICE:		
ADDRESS:				
		A Full Term is sought, unless an unexpired ter		
If required pursuant to 10 ILCS 5/10-5.	1, complete the following (this information		rm is stated here:year i	ınexpired term
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NAME	wes during last 3 years) VOTER'S PRINTED	(List date of each name		
(VOTER'S SIGNATURE)	NAME (optional)	RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
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tate of)			
ounty of) SS.			
	Circulator's Name) do hereby	certify that I reside at		20
ity/Village/Unincorporated Area of				
ode), County of e and qualified to vote in Illinois), that I am a c eceding the last day of filing of the petitions an	, State of itizen of the United States, and t	that I am	18 years of age or older (or 17 years of
eceding the last day of filing of the petitions an tition registered voters of the political division in	d are genuine and that to the best which the candidate is seeking e	st of my knowledge and belief the person lective office, and their respective resider	ns so signing were at the tim nces are correctly stated, as a	re than 90 days le of signing the above set forth.
		(Circulato	or's Signature)	
ned and sworn to (or affirmed) by	/Name of Otto Life >	before me, on		
(SEAL)	(Name of Circulator)	(In	sert month, day, year)	
(ULAL)		(Notary P	ublic's Signature)	
	SHEET NO		·	

We, the undersigned, qualified voters in the

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Suggested Revised March 2020 SBE No. P-4

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

we, the undersigned, qualified voters in		unit of government)		in the
County of	and State of Illinois, do he	ereby petition that the following nar	med person shall be a l	Nonpartisan
Candidate for election to the office herei	nafter specified, in the aforesaid ι	unit of government, to be voted for	at the election to be he	d
on				
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NAME:	0	PFFICE:		
ADDRESS:				
		Full Term is sought unless an unevalend to		
If required pursuant to 10 ILCS 5/10-5	5.1, complete the following (this information	Full Term is sought, unless an unexpired term	is stated here:year	unexpired term
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tate of)) SS.			
ounty of)			
	(Circulator's Name) do hereby or	ertify that I reside at		
ity/Village/Unincorporated Area of		_(if unincorporated, list municipal	ity that provides posta	l service) (Zi
ode), County of e and qualified to vote in Illinois), that I am a	. State of	that I am 1	8 years of age or older	(or 17 veess a
e and qualified to vote in Illinois), that I am a	citizen of the United States, and that	the signatures on this sheet were sign	ed in my presence, not mo	or 17 years or ore than 90 day
eceding the last day of filing of the petitions a ceding the last day of filing of the petitions a cition registered voters of the political division i				
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mad - 1			's Signature)	
ned and sworn to (or affirmed) by	(Name of Circulator)	before me, on(Ins	ort month downers	
(SEAL)	(and or officiator)	(IIIS	err monur, day, year)	
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Suggested Revised March 2020 SBE No. P-4

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

County ofand State of Illinois, do hereby petition that the following named person shall be a Nonpail Candidate for election to the office hereinafter specified, in the aforesaid unit of government, to be voted for at the election to beheld on	We, the undersigned, qualified voters in	the		i	n the
Candidate for election to the office hereinafter specified, in the aforesaid unit of government, to be voted for at the election to beheld on		/1	unit of government)		
OFFICE: ADDRESS: AFull Term is accepted, unless an unceptinal term is stated here:	Candidate for election to the office herein	nafter specified, in the aforesaid u	nit of government, to be voted for	at the election to be held	ionpartisan d
APUITern is sought, unless an unropined term is stated here:					-
A Paul Term is a cought, unless an unexpired term is stated here:	NAME:	OI	FFICE:		
A Full Term is a sought, unless an unexpired farm is stated here:					
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(VOTER'S SIGNATURE) NAME (optional) RR NUMBER VILLAGE Col. 1.	r(List all na	rnes during last 3 years)			
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(Circulator's Name) do hereby certify that I reside at	rate of				
(Circulator's Name) do hereby certify that I reside at) SS.			
ity/Village/Unincorporated Area of		(Circulator's Name) de haraby es			
de), County of, State ofthat I am 18 years of age or older (or 17 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 that ceding 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 si ition registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above and their respective residences are correctly stated, as above and and sworn to (or affirmed) by					
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(Circulator's Signature) ned and sworn to (or affirmed) bybefore me, on (Name of Circulator) (Insert month, day, year)	ition registered voters of the political division in	which the candidate is seeking electi	t my knowledge and belief the persons ive office, and their respective residence	so signing were at the times es are correctly stated, as a	e of signing the
ned and sworn to (or affirmed) bybefore me, on (Name of Circulator) (Insert month, day, year)					
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(Notary Public's Signature)	. ,		(Notary Pu	blic's Signature)	

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Suggested Revised March 2020 SBE No. P-4

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

We, the undersigned, qualified voters in	the			n the
County of	and State of Illinois, do h	(unit of government) ereby petition that the following n		
Candidate for election to the office herein	nafter specified, in the aforesaid	unit of government, to be voted for	or at the election to behel	d d
on	(date of election	on).		
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If required pursuant to 10 ILCS 5/10-5.	.1, complete the following (this information	Full Term is sought, unless an unexpired te	rm is stated here:year i	unexpired term
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NAME	wares during last 3 years) VOTER'S PRINTED	(List date of each name		
(VOTER'S SIGNATURE)	NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
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	(Circulator's Name) do hereby c	ertify that I reside at		, in the
city/Village/Unincorporated Area of				
ode), County of	State of	Ab ad L and	40	
e and qualified to vote in Illinois), that I am a deceding the last day of filing of the petitions are attention registered voters of the political division in	od are denuine and that to the boot		ned in my presence, not mo	re than 90 days
		(Circulate	or's Signature)	:
ned and sworn to (or affirmed) by	(Name of Circulator)	before me, on(Ir	nsert month, day,year)	
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		(Notary F	Public's Signature)	
	SHEET NO.			

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Suggested Revised March 2020 SBE No. P-4

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

We, the undersigned, qualified voters in	the			n the
County of	() and State of Illinois, do he	unit of government) ereby petition that the following nar	ned person shall be a N	lonnartisan
Candidate for election to the office herei	nafter specified, in the aforesaid u	unit of government, to be voted for	at the election to behel	d
on	(date of election	n).		
NAME:	0	FFICE:		
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	.1, complete the following (this information UNTIL NAME	will appear on the ballot) CHANGED ON		
·	ames during last 3 years)	(List date of each name cl	hange)	
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	(Circulator's Name) do hereby ce	ertify that I reside at		, in the
ity/Village/Unincorporated Area of				
ode), County of e and qualified to vote in Illinois), that I am a ceding the last day of filing of the petitions at	, State of citizen of the United States, and that	that I am 1	8 years of age or older	or 17 years o
eceding the last day of filing of the petitions and ition registered voters of the political division in				
		(Circulator	's Signature)	
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(/ 1L/		(Notary Pu	blic's Signature)	

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Suggested Revised March 2020 SBE No. P-4

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

n the	in		the	We, the undersigned, qualified voters in
		nit of government)	u) and State of Illinois, do her	County of
onpartisan I	it the election to beheld	it of government, to be voted for a	nafter specified, in the aforesaid ur	Candidate for election to the office herei
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		(List date of each name ch	ames during last 3 years)	(List all n
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re than 90 day	d in my presence, not more	he signatures on this sheet were signed	id are depuise and that to the best of	ceding the last day of filing of the petitions at
bove set forth	s are correctly stated, as at	e office, and their respective residence	which the candidate is seeking elective	ition registered voters of the political division i
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	- ,	before me, on		ned and sworn to (or affirmed) by
	rt month, day, year)		(Name of Circulator)	ned and sworn to (or affirmed) by
	/			(SEAL)
	lic's Signature)	(Notary Pub		
_	,	3	(Name of Circulator)	

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Suggested Revised March 2020 SBE No. P-4

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

We, the undersigned, qualified voters in t			j	n the
County of	u) and State of Illinois, do he	nit of government) reby petition that the following nar	med nerson shall be a A	lopportions
Candidate for election to the office herein	nafter specified, in the aforesaid un	nit of government, to be voted for	at the election to be held	ionpartisan 1
on	(date of election			-
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	mes during last 3 years)	(List date of each name c	hange)	
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e and qualified to vote in Illinois), that I am a concerning the last day of filing of the petitions and tion registered voters of the political division in	itizen of the United States, and that t	he signatures on this sheet were sign	ed in my presence, not mo	re than 90
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			ıblic'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)	00		
State of Illinois)	SS.		
United States and the State of Illinois organization or any communist front or government which advocates the overpermitted under the Constitution of the indirectly teach or advocate the overth unlawful change in the form of the government.	s, that I a organization orthrow of United St row of th	am not affiliated ion, or any foreign f constitutional grates or the Consternment or	gn political agency, party, government by force or o titution of this State; that I of f the United States or of the	any communis organization of ther means not do not directly or
			(Signature of Can	ididate)
Signed and sworn to (or affirme	d) by	(Name	of Candidate)	before me,
(insert month, day, year)				
			(Notary Public's	Signature)
(SEAL)				

STATEMENT OF ECONOMIC INTERESTS

TO BE FILED WITH THE COUNTY CLERK

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 Commission.

FILED	

The information you disclose will be available to the public.

You must answer all 7 questions. Certain questions will ask you to report any applicable assets 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.

Name		Job Title
Office, departm	nent, or agency that requires you to file this	s form
Other offices, o	lepartments, or agencies that require you t	to file a Statement of Economic Interests form
Full Mailing Ad	dress	
Preferred E-Mai	l Address (Optional)	
your manne, new ju	of investment real estate, list the city and sta	OO as of the end of the preceding calendar year and is held in, or payable to, or held jointly by, or payable to, you with your minor child, list such assets te where the investment real estate is located. If you do not have any such
annia and brecedil	iu calenuar vear ir von soin an assermat no	orm, list the source of any income in excess of \$7,500 required to be reported oduced more than \$7,500 in capital gains in the preceding calendar year, list e or transfer took place. If you had no such sources of income or assets, list
ione below.	Source of Income / Name of Asset	Date Sold (if applicable)
· 		
List the creatile. In addition to	editor for all applicable debts owed by you, or the types of debts listed above, you do not no lebts secured by automobiles, household fur	blic, such as mortgages, student loans, and credit card debts, if you owed any st the creditor of the debt below. If you had no such debts, list "none" below. wed jointly by you with your spouse, or owed jointly by you with your minor eed to report any debts to or from financial institutions or government niture or appliances, as long as the debt was made on terms available to the om a political committee registered with the Illinois State Board of Elections or

	Name of Unit of Government	Title or Nature of Services
-		
	nic relationship with a lobbyist or a family me	n member of your family is known to you to be a lobbyist registered with any united below and identify the nature of your relationship with the lobbyist. If you do ember known to you to be a lobbyist registered with any unit of government in Relationship to Filer
any gift or gifts from	or apportenellating the preceding caler	the source of a gift or gifts, or honorarium or honoraria, valued singly or in the ndar year and the type of gift or gifts, or honorarium or honoraria, excluding to be a lobbyist registered with any unit of government in the State of Illinois.
7. List the name of a State and the name o	ny spouse or immediate family member living of the public utility that employs the relative. Name and Relation	g with the person making this statement employed by a public utility in this Public Utility
at the penalty for wi	inect and complete statement of my econor	r attachments) has been examined by me and to the best of my knowledge mic interests as required by the Illinois Governmental Ethics Act. I understand s a fine not to exceed \$2,500 or imprisonment in a penal institution other than iment."
Printed Name of Fil	er	Signature
Date		
	nomic interests requires ethics officer revie	w prior to filing, the applicable ethics officer must complete the following:
his statement of eco		The prior to ming, the applicable ethics officer must complete the following:
	ETHICS OFFICER REVIEW:	
ERTIFICATION OF	ETHICS OFFICER REVIEW: law, as Ethics Officer, I reviewed this state	ment of economic interests prior to its filing."
ERTIFICATION OF	law, as Ethics Officer, I reviewed this stater	ment of economic interests prior to its filing." Signature

NOTE: THIS STATEMENT OF ECONOMIC INTERESTS MUST INCLUDE THE FILER'S ORIGINAL SIGNATURE. THE ORIGINAL FORM MUST BE FILED IN THE OFFICE OF THE COUNTY CLERK, 667 WARE ROAD, ROOM 107, WOODSTOCK, ILLINOIS, 60098.