LIBRARY TRUSTEE CANDIDATE COURTESY PACKET

The following is a courtesy packet. Candidates should review the 2027 State of Illinois' Candidate's 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/

Algonquin Area Public Library District
Harnish Main Library 2600 Harnish Drive • Algonquin, IL 60102 • 847-458-6060
Eastgate Branch 115 Eastgate Drive • Algonquin, IL 60102 • 847-658-4343
www.aapld.org

MEMO

To: Prospective Public Library District Board - Trustee Candidates
From: Sara Murray, Executive Director (on behalf of Library Board Secretary Tracy Sharkey)
Date: August 25, 2026
Re: April 1, 2025 Library Trustee Election: Candidate Filing Information and Petition Signature Requirements

General Information

Two (2) positions on the Algonquin Area Public Library District's Board of Trustees will be filled at the consolidated election on April 6, 2027.

The terms for the positions are as follows:

- Two (2) six-year expired terms

The filing period runs from Monday, November 16, 2026 at 9:00am through Monday, November 23, 2026 at 5:00pm. Completed forms can only be accepted at the Harnish Main Library during the following hours:

- Monday - Friday: 9:00am to 5:00pm
- Packets will not be accepted on Saturday or Sunday

Documents must be returned directly to one of the following people with date and time of submission noted by the staff member who accepts them:

- Sara Murray, Executive Director
- Theresa Therens, Administrative Associate
- Belinda Husak, Assistant Director
- Alicia Parmele, Assistant Director

Petition Signature Requirements

The statutory requirement governing the number of signatures needed on candidates' nominating petitions for the April 6, 2027 Library Trustee election reads as follows: *"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."*

The last time that Trustees for the Algonquin Area Public Library District were elected was at the consolidated election held on April 1, 2025. Based on the number of votes cast for AAPLD Library Trustee in McHenry and Kane Counties*, the minimum number of valid signatures needed is **50**. Candidates should consider exceeding the minimum number of signatures by a comfortable margin, just in case some of the signatures on their petition sheets are challenged and prove to be invalid.
**https://bit.ly/2025CE-McHenryCo-VoterCount* and *https://bit.ly/2025CE-KaneCo-VoterCount*

Election Information

Candidates should consult the *2027 State of Illinois' Candidate's Guide* for all information regarding becoming a Public Library District Board-Trustee Candidate. The guide can be viewed in its entirety by visiting the 'Running for Office' Section of the Illinois State Board of Elections' website at: https://www.elections.il.gov.

For additional information about the Algonquin Area Public Library District, please contact Executive Director Sara Murray at director@aapld.org.

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.

CANDIDATE CHECKLIST

- Meet **residency**, **age,** and **other qualifications** for the specific office

- File paperwork with the **SBE** **Campaign Disclosure division**

- 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**

- 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 a **Certificate of Deletions** with petitions, numbered consecutively starting with the number "1" (if applicable)

- Fill out a **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.

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 _____ 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	
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10.			,IL	

State of _____)
) SS.
County of _____)

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_____
(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)

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1.			,IL	
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State of _____)
) SS.
County of _____)

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_____
(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)

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State of _____)
) SS.
County of _____)

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_____
(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).

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State of _____)
) SS.
County of _____)

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_____
(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)

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(List all names during last 3 years) (List date of each name change)

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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

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)