PARK COMMISSIONER, TRUSTEE

Park 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

Park Commissioner: must be a qualified elector of the park district with one-year residency in the park district preceding the election. (70 ILCS 1205/2-11)

A person is not eligible to serve as park commissioner if that person is in arrears in the payment of a tax or other indebtedness due to the park district or has been convicted in any court located in the United States of any infamous crime, bribery, perjury, or other felony. (70 ILCS 1205/2-11)

Pleasure Driveway and Park District Trustees: shall be legal voters of and reside within the park district. (70 ILCS 1205/2-15)

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

Signature requirements for general park district commissioners and Pleasure Driveway and park district trustees: Petition must be signed by not less than 2% of the number of ballots cast at the last election for trustee or commissioner in the district, but in no case by less than 25. (70 ILCS 1205/2-11, 2-17)

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 Park District Secretary. (70 ILCS 1205/2-11)

TERM

5 Commissioners: 6-year term. (70 ILCS 1205/2-12)

7 Commissioners: 6-year term, by resolution or public question. (70 ILCS 1205/2-10a)

5-7 Commissioners: 4-year term, by resolution or public question. (70 ILCS 1205/2-12a)

Pleasure Driveway and Park District

President and 6 trustees: 4-year term. (70 ILCS 1205/2-15)

Township Park District

3 Commissioners: 6-year term. (70 ILCS 1205/2-19)

TERM BEGINS

Commissioners and Pleasure Driveway and Park District Trustees shall serve until their successors are elected and qualified. (70 ILCS 1205/2-12, 2-15)

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.

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. _____

_____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)

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 Commission.

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 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 (print on line above)

Job Title (Office, Department or Agency that requires you file this form)

Other Offices, Departments or Agency that requires you to file a Statement of Economic Interests requires you to file this form

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Residential Address (City/State/Zip Code) **Preferred Email (Optional)**

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.

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 debt, 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.

_____

(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.

Filed as of this date below:

_____

Office(s) or Position(s) for which this statement is filed.

_____

Print Name

_____

Address (including City/State/Zip Code)

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 title of the position or nature of the contractual services.

Name of Unit of Government	Title of 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 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 a 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.

_____

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 employs the relative.

Name and Relation	Public Utility
_____	_____
_____	_____

VERIFICATION:

"I declare that this statement of economic interests (including 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 (on line above)

_____
Signature of filer

_____
Date

If this statement of economic interests requires ethics SB2408 Enrolled LRB102 11366 BMS 16699b Public Act 102-0662 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 _____

Signature _____ Date _____
Preferred e-mail address (optional) _____

DO NOT DETACH
(WILL BE RETURNED AS YOUR RECEIPT)

Signature Requirements

Municipalities

Independent

Kankakee

All Wards	Check with City Clerk for Signature Requirements

Momence

All Wards	Check with City Clerk for Signature Requirements

New Party and Independent Candidates Only

5% - 8% of ballots cast at last election or 50 more than minimum

Aroma Park	85	ballots cast
Bonfield	83	ballots cast
Bourbonnais	3235	ballots cast
Bradley	840	ballots cast
Buckingham	33	ballots cast
Essex	236	ballots cast
Grant Park	148	ballots cast
Herscher	141	ballots cast
Hopkins Park	117	ballots cast
Irwin	13	ballots cast
Manteno	2828	ballots cast
Reddick	119	ballots cast
St. Anne	173	ballots cast
Sun River Terrace	77	ballots cast
Union Hill	0	ballots cast

Parks

2% of the ballots cast at last election or 50, but at least 25

Bourbonnais	4585	ballots cast
Kankakee	3965	ballots cast
Limestone	391	ballots cast
Momence	818	ballots cast

Libraries

2% of the ballots cast at last election or 50, whichever is less

Bourbonnais	3914	ballots cast
Bradley	631	ballots cast
Edw Chipman	988	ballots cast
Grant Park	148	ballots cast
Limestone	3779	ballots cast
Manteno	3195	ballots cast
Pembroke	328	ballots cast
Sun River Terrace	68	ballots cast

Schools

All Schools	50