

Statement of Economic Interests to be Filed with the County Clerk

(Type or Print)

Full Name: _____

Home Address: _____
Street City State Zip

Include Unit of Government and your Title for which this Statement is Filed (may be more than one):

Email Address: _____

Home or Mobile Phone Number: _____

GENERAL DIRECTIONS

The interest (if constructively controlled by the person making the statement) of a spouse or any other party shall be considered to be the same as the interest of the person making the statement. Campaign receipts shall not be included in this statement. **If more space is needed, please attach supplemental listing.** Please check the applicable box for your answer or select "Other" and specify your answer on the provided line. If it does not apply to you, check the "Not Applicable" box.

1. List the name and instrument of ownership in any entity doing business with a unit of local government in relation to which the person is required to file, in which the ownership interest held by the person at the date of filing is in excess of \$5,000 fair market value, or from which dividends in excess of \$1,200 were received during the preceding calendar year: (In the case of real estate, location thereof shall be listed by the street address, or if none, then by legal description.) No time or demand deposit in a financial institution, nor any debt instrument shall be listed.

Not Applicable

| Business Entity | Business Name | Instrument of Ownership | Position of Management |
|--|---------------|--|---|
| <input type="checkbox"/> Business | _____ | <input type="checkbox"/> Stock | <input type="checkbox"/> Board of Directors |
| <input type="checkbox"/> Real Estate | _____ | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> CEO |
| <input type="checkbox"/> Other (specify) | _____ | <input type="checkbox"/> Partnership | <input type="checkbox"/> Partner |
| | | <input type="checkbox"/> Other _____ | <input type="checkbox"/> President |
| | | | <input type="checkbox"/> Other _____ |

2. List the name, address and type of practice of any professional organization in which the person making the statement was an officer, director, associate, partner or proprietor, or served in any advisory capacity, from which income in excess of \$1,200 was derived during the preceding calendar year:

Not Applicable

| Name of Professional Organization | Type of Professional Organization | Role |
|-----------------------------------|--------------------------------------|--------------------------------------|
| _____ | <input type="checkbox"/> Law | <input type="checkbox"/> Officer |
| | <input type="checkbox"/> Engineering | <input type="checkbox"/> Director |
| | <input type="checkbox"/> Accounting | <input type="checkbox"/> Partner |
| | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Address of Organization _____
Street Address City State Zip

3. List the nature of professional services rendered (other than to the unit or units of local government in relation to which the person is required to file) to each entity from which income exceeding \$5,000 was received for professional services rendered during the preceding calendar year by the person making the statement:

Not Applicable

| Professional Service | Nature of Entity |
|---------------------------------------|--|
| <input type="checkbox"/> Law | <input type="checkbox"/> Natural Person |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Governmental Unit |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Union |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

4. List the identity (including address or legal description of real estate) of any capital asset from which a capital gain of \$5,000 or more was realized during the preceding calendar year:

Not Applicable

Type **Capital Asset Description**

| | |
|--------------------------------------|-------|
| <input type="checkbox"/> Stock | _____ |
| <input type="checkbox"/> Real Estate | _____ |
| <input type="checkbox"/> Other _____ | _____ |

5. List the name of any entity and the nature of the governmental action requested by any entity that has applied to a unit of local government in relation to which the person must file for any license, franchise or permit for annexation, zoning or rezoning of real estate during the preceding calendar year, if the ownership interest of the person filing is in excess of \$5,000 fair market value at the time of filing, or if income or dividends in excess of \$1,200 were received by the person filing from the entity during the preceding calendar year:

Not Applicable

Name of Entity **Action Request**

| | |
|-------|--------------------------------------|
| _____ | <input type="checkbox"/> License |
| _____ | <input type="checkbox"/> Franchise |
| _____ | <input type="checkbox"/> Permit |
| | <input type="checkbox"/> Other _____ |

6. List the name of any entity doing business with a unit of local government in relation to which the person is required to file, from which income in excess of \$1,200 was derived during the preceding calendar year other than for professional services and the title or description of any position held in that entity: (No time or demand deposit in a financial institution nor any debt instrument need be listed.)

Not Applicable

Name of Entity **Title**

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

7. List the name of any unit of government that employed the person making the statement during the preceding calendar year, other than the unit or units of government in relation to which the person is required to file:

Not Applicable

Name of Entity **Your Title**

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

8. List the name of any entity from which a gift or gifts, or honorarium or honoraria, valued singly or in the aggregate in excess of \$500, was received during the preceding calendar year:

Not Applicable

Name of Entity **Nature of Gift**

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

VERIFICATION

I declare that this Statement of Economic Interests (including any accompanying schedules and statements) 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 shall be a fine not to exceed \$1,000, or imprisonment in a penal institution other than the penitentiary not to exceed one year, or both fine and imprisonment.

Signature of Person Making Statement

Date