

**STATEMENT OF ECONOMIC INTERESTS**

**Kathy Michael, McLean County Clerk**

115 East Washington Street, Room 102, Bloomington, IL 61701

Name: Richard Bennett

Filing for Calendar Year: 2018

Mailing Address: 230 Meadowbrook Dr. Bloomington, IL 61701  
Full post office address including city and zip code

Home Address: 230 Meadowbrook Dr. Bloomington, IL 61701  
Full address including city and zip code

Position(s): County Board Member  
Each office or position of employment for which this statement is filed  
McLean County  
Unit of Government  
McLean County, Illinois

Additional Position(s):  
Each office or position of employment for which this statement is filed  
DEC 01 2017  
Unit of Government  
Kathy Michael  
County Clerk

Please check one of the following:  Candidate OR  Annual Filing OR  Supplemental

**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 additional space is needed, please attach supplemental listing.

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.

Business Entity

Instrument of Ownership

Position of Management

N/A

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.

Name

Address

Type of Practice

N/A

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.

Mobile USA



4. List the identity (including the 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.

N/A

5. List the name of any entity and the nature of the governmental action requested by any entity which 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.

N/A

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.

N/A

7. List the name of any unit of government which 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.

N/A

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.

N/A

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 the Statement)

Nov. 26, 2018 (Date)



**STATEMENT OF ECONOMIC INTERESTS**

**Kathy Michael, McLean County Clerk**

115 East Washington Street, Room 102, Bloomington, IL 61701

Name: Jeremy Braoey Filing for Calendar Year: 2018

Mailing Address: 3 Braoey Court Bloomington 61704  
Full post office address including city and zip code

Home Address: 3 Braoey Court Bloomington 61704  
Full address including city and zip code

Position(s): COUNTY BOARD DISTRICT 9  
Each office or position of employment for which this statement is filed

Additional Position(s): McLean County  
Each office or position of employment for which this statement is filed

Unit of Government: McLean County

Unit of Government: NOV 28 2017

Please check one of the following:  Candidate OR  Annual Filing OR  Supplemental

*Kathy Michael*  
COUNTY CLERK

**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 additional space is needed, please attach supplemental listing.

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.

Business Entity: N/A  
Instrument of Ownership: \_\_\_\_\_  
Position of Management: \_\_\_\_\_

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.

Name: N/A  
Address: \_\_\_\_\_  
Type of Practice: \_\_\_\_\_

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.

N/A



4. List the identity (including the 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.

*NA*

5. List the name of any entity and the nature of the governmental action requested by any entity which 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.

*NA*

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.

*NA*

7. List the name of any unit of government which 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.

*NA*

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.

*NA*

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."

*[Handwritten Signature]*

(Signature of Person Making the Statement) (Date)

*11/20/17*





**STATEMENT OF ECONOMIC INTERESTS**

**Kathy Michael, McLean County Clerk**

115 East Washington Street, Room 102, Bloomington, IL 61701

Name: Sharon Chung

Filing for Calendar Year: 2017

Mailing Address: 3 Daws Pl, Bloomington IL 61701

Full post office address including city and zip code

Home Address: 3 Daws Pl, Bloomington IL 61701

Full address including city and zip code

Position(s): County Board Member

McLean County

Each office or position of employment for which this statement is filed

Unit of Government

Additional Position(s):

Each office or position of employment for which this statement is filed

Unit of Government

Please check one of the following:  Candidate OR  Annual Filing OR  Supplemental McLEAN COUNTY, ILLINOIS

DEC 04 2017

**FILED**

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 additional space is needed, please attach supplemental listing.**

McLEAN COUNTY CLERK

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.

Business Entity

Instrument of Ownership

Position of Management

N/A

N/A

N/A

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.

Name

Address

Type of Practice

N/A

N/A

N/A

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.

N/A



4. List the identity (including the 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.

N/A

5. List the name of any entity and the nature of the governmental action requested by any entity which 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.

N/A

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.

N/A

7. List the name of any unit of government which 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.

N/A

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.

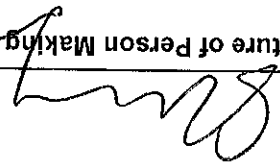
N/A

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 the Statement) (Date)

12/3/17





STATEMENT OF ECONOMIC INTERESTS

115 East Washington Street, Room 102, Bloomington, IL 61701

Name: Paul Michael Emerson

Filing for Calendar Year: 2018

Mailing Address: 14900 E 275 N RD

Full post office address including city and zip code

Home Address: 14900 E 275 N RD

Full address including city and zip code

Position(s): County Board District 2  
County

Each office or position of employment for which this statement is filed

Unit of Government

Additional Position(s):

Each office or position of employment for which this statement is filed

Unit of Government

Please check one of the following:  Candidate OR  Annual Filing OR  Supplemental

GENERAL DIRECTIONS

*Kathy Michael*  
COUNTY CLERK

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 additional space is needed, please attach supplemental listing.

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Business Entity

Instrument of Ownership

Position of Management

N/A

N/A

N/A

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.

Name

Address

Type of Practice

N/A

N/A

N/A

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.

N/A



(Date) (Signature of Person Making the Statement)

11-30-17 [Signature]

"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."

VERIFICATION

N/A

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.

N/A

7. List the name of any unit of government which 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.

N/A

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.

N/A

5. List the name of any entity and the nature of the governmental action requested by any entity which 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.

N/A

4. List the identity (including the 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.





**STATEMENT OF ECONOMIC INTERESTS**

115 East Washington Street, Room 102, Bloomington, IL 61701

**Kathy Michael, McLean County Clerk**

Filing for Calendar Year: 2018

Name: Alexandra Engle

Mailing Address: 9 Hadley Circle Apt 101 Normal, IL 61761  
Full post office address including city and zip code

Home Address: 9 Hadley Circle Apt 101 Normal, IL 61761  
Full address including city and zip code

Position(s): County Board District 4  
Each office or position of employment for which this statement is filed

County  
Unit of Government  
McLEAN COUNTY, ILLINOIS  
**FILED**

Additional Position(s):  
Each office or position of employment for which this statement is filed

DEC 01 2017

Please check one of the following:  Candidate OR  Annual Filing OR  Supplemental  
Kathy Michael  
COUNTY CLERK

**GENERAL DIRECTIONS**

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Business Entity

Instrument of Ownership

Position of Management

N/A

N/A

N/A

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.

Name

Address

Type of Practice

N/A

N/A

N/A

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.

N/A



4. List the identity (including the 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.

N/A

5. List the name of any entity and the nature of the governmental action requested by any entity which 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.

N/A

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.

N/A

7. List the name of any unit of government which 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.

ILLINOIS STATE UNIVERSITY

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.

N/A

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 the Statement)

(Date)

11/30/17



STATEMENT OF ECONOMIC INTERESTS

Kathy Michael, McLean County Clerk

115 East Washington Street, Room 102, Bloomington, IL 61701

Name: Chuck Erickson

Filing for Calendar Year:

Mailing Address: 3117 Eagle Creek Drive, Bloomington, IL 61704

Home Address: 3117 Eagle Creek Drive, Bloomington, IL 61704

Positions: McLean County Board District 10 Board Member McLean County

Additional Position(s): McLEAN COUNTY, ILLINOIS

Each office or position of employment for which this statement is filed: Unit of Government NOV 27 2017

GENERAL DIRECTIONS

Kathy Michael  
COUNTY CLERK

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 additional space is needed, please attach supplemental listing.

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.

Business Entity	Instrument of Ownership	Position of Management
Not Applicable		

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.

Name	Address	Type of Practice
Charles N. Erickson Law Office		

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.

Legal advice and representation to the best of my knowledge and belief. I have no clients from which I received \$5,000 or more who conducted business with the McLean County Government. Complete and sign on reverse



Koehn, Michael  
McLEAN COUNTY CLERK

NOV 27 2017

FILED  
McLEAN COUNTY, ILLINOIS

(Signature of Person Making the Statement) / (Date)  
Michael Koehn Nov. 18 2017

"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."

VERIFICATION

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

7. List the name of any unit of government which 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.  
I received payments for my services as a representative on the McLean County Board of District 10, McLean County, Illinois

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

5. List the name of any entity and the nature of the governmental action requested by any entity which 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

4. List the identity (including the 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





**STATEMENT OF ECONOMIC INTERESTS**

**Kathy Michael, McLean County Clerk**

115 East Washington Street, Room 102, Bloomington, IL 61701

Name: LEX GREEN

Filing for Calendar Year: 2017

Mailing Address: 2707 CROOKED CREEK RD BLOOMINGTON IL 61705  
Full post office address including city and zip code

Home Address: 2707 CROOKED CREEK RD BLOOMINGTON IL 61705  
Full address including city and zip code

Position(s): COUNTY TREASURER  
Each office or position of employment for which this statement is filed  
McLEAN COUNTY  
Unit of Government

Additional Position(s):  
Each office or position of employment for which this statement is filed  
Unit of Government

Please check one of the following:  Candidate OR  Annual Filing OR  Supplemental

**GENERAL DIRECTIONS**

**FILED**

The interest (if constructively controlled by the person making the statement) of a spouse or any other family member shall not be included in this statement. **If additional space is needed, please attach supplemental listing.**

DEC 01 2017

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.

Business Entity

Instrument of Ownership

Position of Management

N/A

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.

Name

Address

Type of Practice

N/A

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.

N/A

Kathryn M. Johnson  
COUNTY CLERK

DEC 01 2017

McLEAN COUNTY, ILLINOIS

**FILED**

4. List the identity (including the 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.

N/A

5. List the name of any entity and the nature of the governmental action requested by any entity which 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.

N/A

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.

N/A

7. List the name of any unit of government which 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.

N/A

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.

N/A

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 the Statement) (Date)

*John M. ...*

11-27-2017



STATEMENT OF ECONOMIC INTERESTS

Kathy Michael, McLean County Clerk

115 East Washington Street, Room 102, Bloomington, IL 61701

Name: Janet V. Hood

Filing for Calendar Year: 2017-18

Mailing Address: 1303 Stephens Dr., Normal, IL 61741

Full post office address including city and zip code

Home Address: 1307 Stephens Dr., Normal, IL 61741

Full address including city and zip code

Position(s): Republican Precinct Committeewoman, County

Each office or position of employment for which this statement is filed

Additional Position(s):

Each office or position of employment for which this statement is filed

Please check one of the following:  Candidate OR  Annual Filing OR  Supplemental

NOV 29 2017

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 additional space is needed, please attach supplemental listing.

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Business Entity Name Instrument of Ownership Position of Management

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.

Name Address Type of Practice

3. List the nature of professional services rendered (other than to the unit or units of local government in 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.

Complete and sign on reverse

Kathy Michael, COUNTY CLERK

NOV 29 2017

FILED

Kathy Michael, COUNTY CLERK

FILED

MCLEAN COUNTY, ILLINOIS



KOSCIUSKO COUNTY CLERK

NOV 29 2017

FILED  
MCLEAN COUNTY, ILLINOIS

(Signature of Person Making the Statement) (Date)

*Grant A. ...*

"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."

VERIFICATION

*none*

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.

*none*

7. List the name of any unit of government which 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.

*none*

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.

*none*

5. List the name of any entity and the nature of the governmental action requested by any entity which 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.

*none*

4. List the identity (including the 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.





**STATEMENT OF ECONOMIC INTERESTS**

**Kathy Michael, McLean County Clerk**

115 East Washington Street, Room 102, Bloomington, IL 61701

Name: Serenity Houston Filing for Calendar Year: 2017 - 2018

Mailing Address: 101 Wilson Dr. Carlock 61725  
Full post office address including city and zip code

Home Address: 101 Wilson Dr. Carlock 61725  
Full address including city and zip code

Position(s): McLean County Board  
Each office or position of employment for which this statement is filed  
McLean County Unit of Government

Additional Position(s): Mayor of Carlock  
Each office or position of employment for which this statement is filed  
Village of Carlock Unit of Government  
McLean County, Illinois

Please check one of the following:  Candidate OR  Annual Filing OR  Supplemental

NOV 27 2017

**GENERAL DIRECTIONS**

The interest (if constructively controlled by the person making the statement) of a spouse or any other person shall be included in this statement. **If additional space is needed, please attach supplemental listing.**

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.

Business Entity Instrument of Ownership Position of Management

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

Name Address Type of Practice

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

NOV 27 2017

McLEAN COUNTY CLERK

Complete and sign on reverse



MCLEAN COUNTY CLERK

NOV 27 2017

MCLEAN COUNTY

RECEIVED

"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 for a term not to exceed one year, or both fine and imprisonment."

*Governmental*  
*Governmental*  
11-24-17  
(Date)

VERIFICATION

\_\_\_\_\_

\_\_\_\_\_

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.

\_\_\_\_\_

\_\_\_\_\_

7. List the name of any unit of government which 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.

\_\_\_\_\_

\_\_\_\_\_

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.

\_\_\_\_\_

\_\_\_\_\_

5. List the name of any entity and the nature of the governmental action requested by any entity which 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.

\_\_\_\_\_

\_\_\_\_\_

4. List the identity (including the 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.

\_\_\_\_\_

\_\_\_\_\_



STATEMENT OF ECONOMIC INTERESTS

Kathy Michael, McLean County Clerk

115 East Washington Street, Room 102, Bloomington, IL 61701

Name: Christina Howick

Filing for Calendar Year: 2018

Mailing Address: 5 CHRISTINA WAY, BLOOMINGTON IL 61701  
Full post office address including city and zip code

Home Address: 5 CHRISTINA WAY, BLOOMINGTON IL 61701  
Full address including city and zip code

Position(s): County Board, McLean County District 3  
Each office or position of employment for which this statement is filed

Additional Position(s):  
Each office or position of employment for which this statement is filed

Please check one of the following:  Candidate OR  Annual Filing OR  Supplemental

FILED  
McLEAN COUNTY, ILLINOIS

DEC 01 2017

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 additional space is needed, please attach supplemental listing.**

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.

Business Entity	Instrument of Ownership	Position of Management
N/A		

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.

Name	Address	Type of Practice
N/A		

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.

N/A



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

N/A

5. List the name of any entity and the nature of the governmental action requested by any entity which 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.

N/A

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.

N/A

7. List the name of any unit of government which 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.

N/A

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.

N/A

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."

*James Jones*  
(Signature of Person Making the Statement)

(Date)

Nov 26th 2014

*Kassidy M. Johnson*  
COUNTY CLERK

FILED  
MCLEAN COUNTY, ILLINOIS  
DEC 01 2017



**STATEMENT OF ECONOMIC INTERESTS**

**Kathy Michael, McLean County Clerk**

115 East Washington Street, Room 102, Bloomington, IL 61701

*Mark W. Johnson*

Name:

Filing for Calendar Year:

*2017*  
*2018*

Mailing Address:

Full post office address including city and zip code

Home Address:

Full address including city and zip code

Position(s):

*County Board Dist 24*

Each office or position of employment for which this statement is filed

Unit of Government

*McLean County*

Additional Position(s):

Each office or position of employment for which this statement is filed

Unit of Government

Please check one of the following:  Candidate OR  Annual Filing OR  Supplemental Filing

McLEAN COUNTY, ILLINOIS

**FILED**

DEC 04 2017

**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 reports shall not be included in this statement. **If additional space is needed, please attach supplemental listing.**

McLEAN COUNTY CLERK

Business Entity

Instrument of Ownership

Position of Management

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*None*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

Name

Address

Type of Practice

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*None*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

*None*



4. List the identity (including the 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.

None

5. List the name of any entity and the nature of the governmental action requested by any entity which 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.

None

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.

None

7. List the name of any unit of government which 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.

None

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.

None

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 the Statement)

*Mark W. [Signature]*

(Date)

12/3/2017



**STATEMENT OF ECONOMIC INTERESTS**

**Kathy Michael, McLean County Clerk**

115 East Washington Street, Room 102, Bloomington, IL 61701

Name: Elizabeth Johnston

Filing for Calendar Year:

Mailing Address: 3321 Topaz Road Normal IL 61761

Full post office address including city and zip code

Home Address: 3321 Topaz Road Normal IL 61761

Full address including city and zip code

Position(s): County Board Member

Each office or position of employment for which this statement is filed

McLean County Board

Unit of Government

Additional Position(s): N/A

Each office or position of employment for which this statement is filed

McLean County, Illinois

Please check one of the following:  Candidate OR  Annual Filing OR  Supplemental

DEC 04 2017

**GENERAL DIRECTIONS**

The interest (if constructively controlled by the person making the statement) of a spouse or any other person 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 additional space is needed, please attach supplemental listing.**

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.

Business Entity

Instrument of Ownership

Position of Management

N/A

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.

Name

Address

Type of Practice

N/A

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.

N/A



4. List the identity (including the 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.

N/A

5. List the name of any entity and the nature of the governmental action requested by any entity which 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.

N/A

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.

N/A

7. List the name of any unit of government which 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.

N/A

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.

N/A

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."

*Elizabeth P. ...*

(Signature of Person Making the Statement)

12/1/17

(Date)





FILED  
McLEAN COUNTY, ILLINOIS

NOV 22 2017

Filing for Calendar Year: 2017-2018

Kathy Michael  
McLean County Clerk

115 East Washington Street, Room 102, Bloomington, IL 61701

STATEMENT OF ECONOMIC INTERESTS

Kathy Michael, McLean County Clerk

Name: Mark Eugene Detry

Mailing Address: 2160 Granby Lane Normal, IL 61761

Home Address: 2160 Granby Lane Normal, IL 61761

Phone: 309-888-5120

E-mail address: detrym@vccl7.org

Position(s): Regional Supervisor of Schools - DeWitt, Livingston - Logan - McLean Counties

Additional Position(s):  
Each office or position of employment for which this statement is filed  
Unit of Government

Please check one of the following:  Candidate OR  Annual Filing OR  Supplemental

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 additional space is needed, please attach supplemental listing.

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.

Business Entity	Instrument of Ownership	Position of Management
N/A		

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.

Name	Address	Type of Practice
N/A		

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.

N/A
-----

(Signature of Person Making the Statement) \_\_\_\_\_  
(Date) \_\_\_\_\_

*John E. Kelly*  
11/22/17

"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."

VERIFICATION

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.

*N/A*

7. List the name of any unit of government which 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.

*N/A*

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.

*N/A*

5. List the name of any entity and the nature of the governmental action requested by any entity which 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.

*N/A*

4. List the identity (including the 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.

*N/A*

**STATEMENT OF ECONOMIC INTERESTS**

Kathy Michael, McLean County Clerk  
 115 East Washington Street, Room 102, Bloomington, IL 61701

Name: Kevin G. Lower Filing for Calendar Year: 2018

Mailing Address: 1504 S. Low St Bloomington, IL 61701  
 Full post office address including city and zip code

Home Address: Bloomington, IL 1504 S. Low St 61701  
 Full address including city and zip code

Phone: 309 830 7498  
 E-mail address: skylines007@hotmail.com

Position(s): Pres of Comm/Chairman Republican Party Bloomington #18  
 Each office or position of employment for which this statement is filed

Additional Position(s): McLEAN COUNTY, ILLINOIS  
 Each office or position of employment for which this statement is filed

Unit of Government: NOV 27 2017  
 Please check one of the following:  Candidate OR  Annual Filing OR  Supplemental

GENERAL DIRECTIONS  
 Kathy Michael  
 COUNTY CLERK

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 additional space is needed, please attach supplemental listing.

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.

Business Entity: None  
 Instrument of Ownership: \_\_\_\_\_  
 Position of Management: \_\_\_\_\_

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.

Name: None  
 Address: \_\_\_\_\_  
 Type of Practice: \_\_\_\_\_

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.

None

Karen M. Johnson  
McLEAN COUNTY CLERK

NOV 27 2017

FILED  
McLEAN COUNTY, ILLINOIS

(Signature of Person Making the Statement) (Date)

*Karen M. Johnson*  
11-27-2017

"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."

VERIFICATION

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.

*None*

7. List the name of any unit of government which 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.

*None*

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.

*None*

5. List the name of any entity and the nature of the governmental action requested by any entity which 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.

*None*

4. List the identity (including the 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.

*None*

**STATEMENT OF ECONOMIC INTERESTS**

**Kathy Michael, McLean County Clerk**

115 East Washington Street, Room 102, Bloomington, IL 61701

Name: **RANDALL MARTIN**

Filing for Calendar Year:

Mailing Address: **753 E 2000 NORTH ROAD, DANVERS, IL 61732**

Full post office address including city and zip code

Home Address: **753 E 2000 NORTH ROAD, DANVERS, IL 61732**

Full address including city and zip code

Position(s): **County Board Member**

**McLean County**

Each office or position of employment for which this statement is filed

Unit of Government

**FILED**

**McLEAN COUNTY, ILLINOIS**

Additional Position(s):

Each office or position of employment for which this statement is filed

Unit of Government **NOV 28 2017**

Please check one of the following:  Candidate OR  Annual Filing OR  Supplemental

**Kathy Michael**  
COUNTY CLERK

**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 additional space is needed, please attach supplemental listing.**

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.

Business Entity

Instrument of Ownership

Position of Management

**NA**

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.

Name

Address

Type of Practice

**NA**

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.

**NA**



4. List the identity (including the 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.

N/A

5. List the name of any entity and the nature of the governmental action requested by any entity which 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.

N/A

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N/A

7. List the name of any unit of government which 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.

N/A

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.

N/A

### 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 the Statement) (Date)

*Frankie Mark*  
11-13-2017





**STATEMENT OF ECONOMIC INTERESTS**

**Kathy Michael, McLean County Clerk**

115 East Washington Street, Room 102, Bloomington, IL 61701

Name: Kathy Michael

Filing for Calendar Year: 2018

Full post office address including city and zip code

Mailing Address: 1805 Pier Way #306 Bloomington, IL 61704

Home Address: 1805 Pier Way #306 Bloomington, IL 61704

Phone: 309.8383210

E-mail address: kathy.michael@mclean.il.gov

Position(s): McLean County Clerk

Each office or position of employment for which this statement is filed

McLean County, Illinois

Additional Position(s):

Each office or position of employment for which this statement is filed

McLean County, Illinois

Please check one of the following:  Candidate OR  Annual Filing OR  Supplemental

**GENERAL DIRECTIONS**

*Kathy Michael  
COUNTY CLERK*

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 additional space is needed, please attach supplemental listing.

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.

Business Entity

Instrument of Ownership

Position of Management

*n/a*

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.

Name

Address

Type of Practice

*n/a*

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.

*n/a*

4. List the identity (including the 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.

n/a

5. List the name of any entity and the nature of the governmental action requested by any entity which 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.

n/a

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.

n/a

7. List the name of any unit of government which 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.

n/a

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.

n/a

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 the Statement)

(Date)

*Karim Mohamed*

11/27/17

STATEMENT OF ECONOMIC INTERESTS

115 East Washington Street, Room 102, Bloomington, IL 61701

Kathy Michael, McLean County Clerk

Filing for Calendar Year: 2018

Name: *Bonnie Morris*

Mailing Address: *1230 Eastport Dr, Bloomington, IL 61704*

Home Address: *1230 Eastport Dr, Bloomington, IL 61704*

Position(s): *County Board - District 7*

Unit of Government: *McLean County, Illinois*

Each office or position of employment for which this statement is filed

Additional Position(s):

Each office or position of employment for which this statement is filed

Please check one of the following:  Candidate OR  Annual Filing OR  Supplemental

GENERAL DIRECTIONS

*Kathy Michael*  
COUNTY CLERK

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 additional space is needed, please attach supplemental listing.**

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.

Business Entity

*N/A*

Instrument of Ownership

*N/A*

Position of Management

*N/A*

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.

Name

*N/A*

Address

*N/A*

Type of Practice

*N/A*

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.

*N/A*



4. List the identity (including the 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.

N/A

5. List the name of any entity and the nature of the governmental action requested by any entity which 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.

N/A

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.

N/A

7. List the name of any unit of government which 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.

N/A

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.

N/A

VERIFICATION

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(Signature of Person Making the Statement)

(Date)

11/26/17



**STATEMENT OF ECONOMIC INTERESTS**

**Kathy Michael, McLean County Clerk**

115 East Washington Street, Room 102, Bloomington, IL 61701

Name: David Matthew Parker

Filing for Calendar Year: 2017

Mailing Address: P.O. Box 944 Bloomington, IL 61702

Full post office address including city and zip code

Home Address: 2106 Fox Creek Road Bloomington, IL 61701

Full address including city and zip code

Position(s): N/A

Each office or position of employment for which this statement is filed

N/A

Unit of Government

McLEAN COUNTY, ILLINOIS

NOV 28 2017

**FILED**

*Kathy Michael*  
COUNTY CLERK

Unit of Government

N/A

Unit of Government

Please check one of the following:  Candidate OR  Annual Filing OR  Supplemental

**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 additional space is needed, please attach supplemental listing.**

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Business Entity

N/A

Instrument of Ownership

N/A

Position of Management

N/A

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.

Name

N/A

Address

N/A

Type of Practice

N/A

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.

N/A

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that this is crucial for ensuring transparency and accountability in the organization's operations.

2. The second part of the document outlines the various methods and tools used to collect and analyze data. It highlights the need for consistent and reliable data collection processes to ensure the validity of the findings.

3. The third part of the document describes the results of the data analysis. It shows that there is a significant correlation between the variables studied, indicating that the factors being investigated are indeed related.

4. The fourth part of the document discusses the implications of the findings. It suggests that the results can be used to inform decision-making and to develop strategies to address the issues identified in the study.

5. The fifth part of the document concludes the study and provides a summary of the key findings. It reiterates the importance of the research and the need for further investigation in this area.

6. The sixth part of the document includes a list of references to the sources used in the study. This provides a clear path for readers who wish to explore the topic further.

7. The seventh part of the document contains a list of appendices, which provide additional information and data related to the study. These appendices are essential for a complete understanding of the research.

8. The eighth part of the document includes a list of figures and tables. These visual aids help to present the data in a clear and concise manner, making it easier for readers to interpret the results.

9. The ninth part of the document contains a list of footnotes, which provide additional details and clarifications for the text. These footnotes are important for ensuring the accuracy and integrity of the document.

10. The tenth part of the document includes a list of page numbers, which helps readers to navigate the document and find the information they need quickly and easily.



4. List the identity (including the 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.

N/A

5. List the name of any entity and the nature of the governmental action requested by any entity which 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.

N/A

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.

N/A

7. List the name of any unit of government which 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.

N/A

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.

N/A

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."

David Matthew P...

11-28-17

(Signature of Person Making the Statement) (Date)



**STATEMENT OF ECONOMIC INTERESTS**

**Kathy Michael, McLean County Clerk**

115 East Washington Street, Room 102, Bloomington, IL 61701

Name: Nikita Richards Filing for Calendar Year: 2017

Mailing Address: 802 Packard Street Bloomington, IL 61701  
Full post office address including city and zip code

Home Address: 802 Packard Street Bloomington, IL 61701  
Full address including city and zip code

Phone: (309) 660 2875  
E-mail address: nikita@richardsmcclerk.com

Position(s): Candidate for McLean County Clerk - County  
Each office or position of employment for which this statement is filed

Additional Position(s): N/A  
Each office or position of employment for which this statement is filed

Unit of Government: NOV 27 2017  
Please check one of the following:  Candidate OR  Annual Filing OR  Supplemental

**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 additional space is needed, please attach supplemental listing.

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.

Business Entity: N/A  
Instrument of Ownership: N/A  
Position of Management: N/A

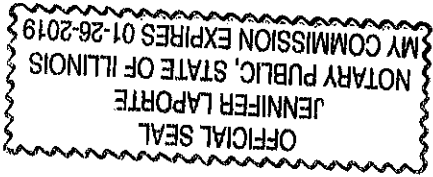
2. List the name, address and type of practice of any professional organization in which the person making the statement was an officer, director, associate, partner or proprietor or served in any advisory capacity, from which income in excess of \$1,200 was derived during the preceding calendar year.

Name: N/A  
Address: \_\_\_\_\_  
Type of Practice: \_\_\_\_\_

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.

N/A





(Seal)  
Signature of Notary Public  
Name of Person(s)  
Date  
This instrument was acknowledged before me on  
County of  
State of

(Signature of Person Making the Statement)  
(Date)

"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."

VERIFICATION

\_\_\_\_\_

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.

N/A

\_\_\_\_\_

7. List the name of any unit of government which 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.

Current City of Bloomington Employee

\_\_\_\_\_

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.

N/A

\_\_\_\_\_

5. List the name of any entity and the nature of the governmental action requested by any entity which 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.

N/A

\_\_\_\_\_

4. List the identity (including the 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.

N/A

\_\_\_\_\_

Faint, illegible text at the top left of the page.

*Kathryn M. Johnson*  
COUNTY CLERK

NOV 27 2017

FILED  
MILTON COUNTY, ILLINOIS

**STATEMENT OF ECONOMIC INTERESTS**

**Kathy Michael, McLean County Clerk**

115 East Washington Street, Room 102, Bloomington, IL 61701

Name: **JOHN SANDAGE**

Filing for Calendar Year: **2018**

Mailing Address: **26 KENSINGTON CIRCLE, BLOOMINGTON IL. 61704**  
Full post office address including city and zip code

Home Address: **26 KENSINGTON CIRCLE, BLOOMINGTON IL. 61704**  
Full address including city and zip code

Position(s): **SHERIFF**

**COUNTY OF McLEAN**

Each office or position of employment for which this statement is filed

Unit of Government

**McLEAN COUNTY, ILLINOIS**

**FILED**

Each office or position of employment for which this statement is filed

Unit of Government

**NOV 27 2017**

Please check one of the following:  Candidate OR  Annual Filing OR  Supplemental

**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 additional space is needed, please attach supplemental listing.**

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.

Business Entity

Instrument of Ownership

Position of Management

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.

Name

Address

Type of Practice

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.





4. List the identity (including the 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.

5. List the name of any entity and the nature of the governmental action requested by any entity which 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.

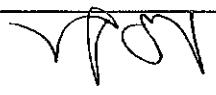
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7. List the name of any unit of government which employed the person making the statement during the preceding calendar year other than the unit or units of government in relation to which the person is required to file.

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.

### VERIFICATION

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(Signature of Person Making the Statement) (Date)

11/25/17

*Karen Johnson*  
COUNTY CLERK

NOV 27 2017

McLEAN COUNTY, ILLINOIS  
**FILED**

**STATEMENT OF ECONOMIC INTERESTS**

**Kathy Michael, McLean County Clerk**

115 East Washington Street, Room 102, Bloomington, IL 61701

Name: Ryan Scritchlow

Filing for Calendar Year: 2017

Mailing Address: 107 Parkview Dr. Bloomington, IL 61701

Full post office address including city and zip code

Home Address: 107 Parkview Dr.

Full address including city and zip code

Position(s): County Board District 7

Each office or position of employment for which this statement is filed

Unit of Government

McLean County

NOV 27 2017

Additional Position(s):

Each office or position of employment for which this statement is filed

Unit of Government

Please check one of the following:  Candidate OR  Annual Filing OR  Supplemental

**GENERAL DIRECTIONS**

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Scritchlow Enterprises

Business Entity

Owner

Instrument of Ownership

Owner

Position of Management

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.

Name Address Type of Practice

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 derived during the preceding calendar year by the person making the statement.

McLEAN COUNTY

RECEIVED

NOV 27 2017

McLEAN COUNTY CLERK

Kathy Michael  
McLean County Clerk

FILED

McLEAN COUNTY, ILLINOIS

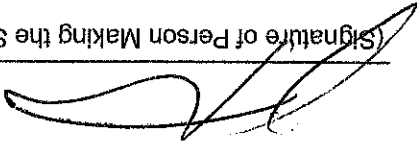


NOV 27 2017

RECEIVED  
MCLEAN COUNTY

(Signature of Person Making the Statement) (Date)

11-27-17



"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."

VERIFICATION

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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.

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7. List the name of any unit of government which 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.

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1910 S Morris Bloomington, IL - Rezoning - City of Bloomington

107 Parkview Dr Bloomington IL - Easement Vacation - City of Bloomington

Scritchlow Enterprises - Owner - City of Bloomington - Grading and Hydroseeding

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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.

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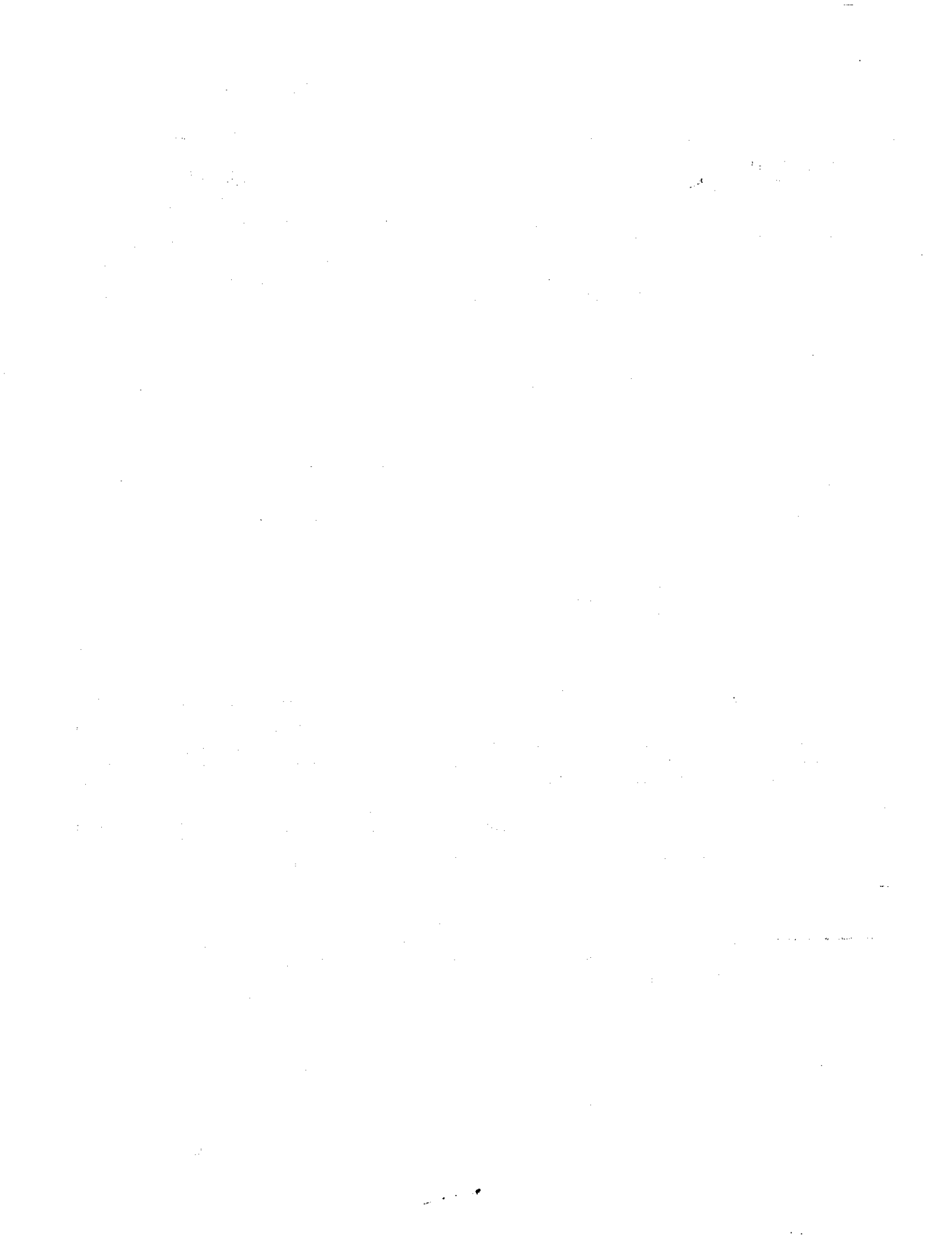
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5. List the name of any entity and the nature of the governmental action requested by any entity which has applied to a unit of local government in relation to which the person must file for any license, franchise or permit for annexation, zoning or 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.

---

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4. List the identity (including the 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.



**STATEMENT OF ECONOMIC INTERESTS**

**Kathy Michael, McLean County Clerk**

115 East Washington Street, Room 102, Bloomington, IL 61701

Name: Paul D. Seebiano

Filing for Calendar Year: 2018

Mailing Address: 1501 W. Grahm St, Bloomington, IL 61701  
Full post office address including city and zip code

Home Address: 1501 W. Grahm St, Bloomington, IL 61701  
Full address including city and zip code

Position(s): McLean County Board, Dist 8  
Each office or position of employment for which this statement is filed

McLean County  
Unit of Government  
MCLEAN COUNTY, ILLINOIS

Additional Position(s):

Each office or position of employment for which this statement is filed

Please check one of the following:  Candidate OR  Annual Filing OR  Supplemental

**GENERAL DIRECTIONS**

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Business Entity

Instrument of Ownership

Position of Management

None

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

Name

Address

Type of Practice

None

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

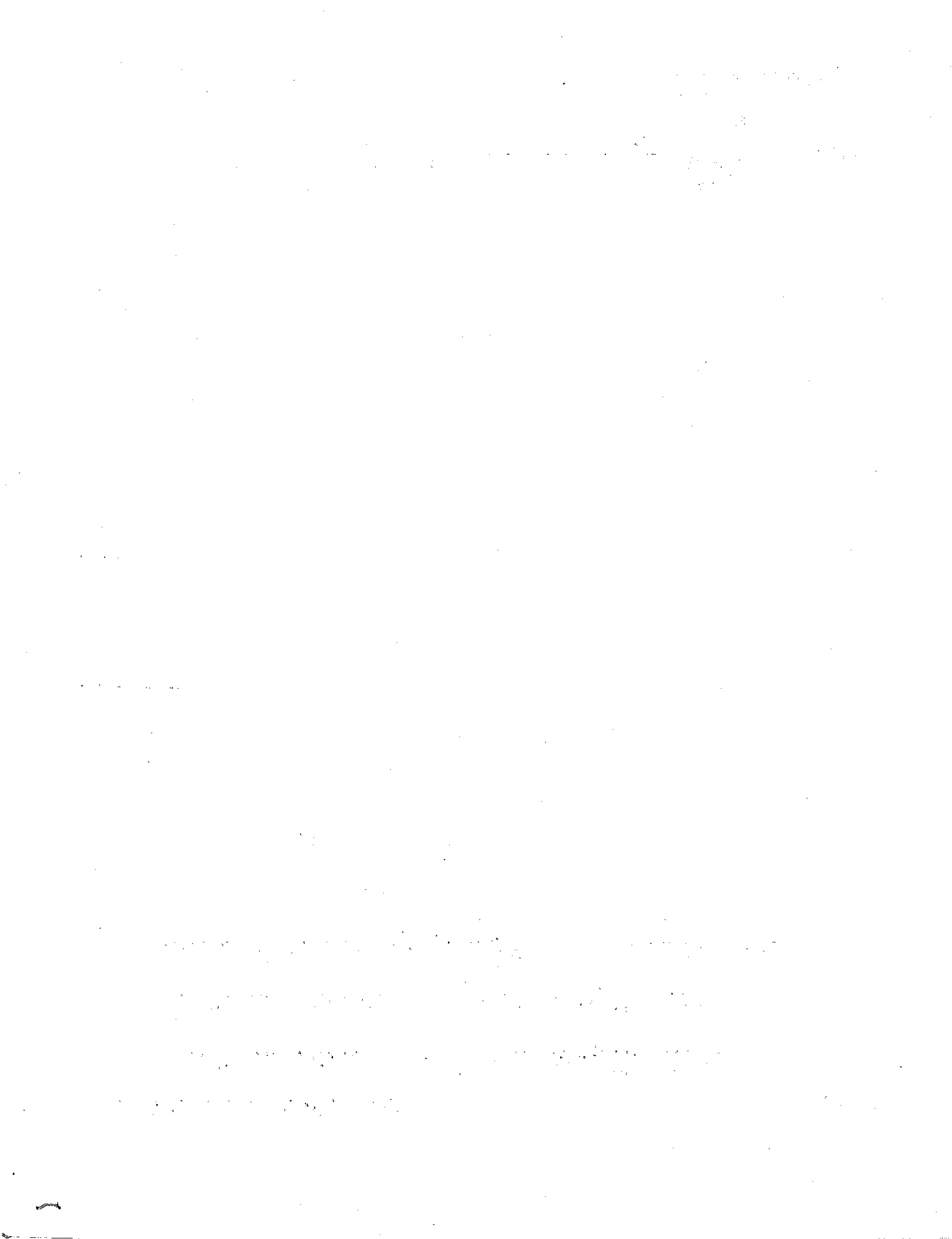
3. List the nature of professional services rendered (other than to the unit or units of local government in which the person is required to file) to each entity from which income exceeding \$5,000 was received during the preceding calendar year by the person making the statement.

None

RECEIVED  
MCLAN COUNTY  
NOV 27 2017

MCLAN COUNTY CLERK

Complete and sign on reverse





(Signature of Person Making the Statement) (Date)

*Paul R. Johnson*

"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."

VERIFICATION

\_\_\_\_\_

\_\_\_\_\_

*None*

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.

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*None*

7. List the name of any unit of government which 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.

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*None*

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.

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*None*

5. List the name of any entity and the nature of the governmental action requested by any entity which 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.

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\_\_\_\_\_

*None*

4. List the identity (including the 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.



**STATEMENT OF ECONOMIC INTERESTS**

**Kathy Michael, McLean County Clerk**

115 East Washington Street, Room 102, Bloomington, IL 61701

Name: David Seizer

Filing for Calendar Year: \_\_\_\_\_

Mailing Address: 1818 Windsor Dr Normal IL 61761

Full post office address including city and zip code

Home Address: Same

Full address including city and zip code

Position(s): McLean County Board Candidate #6

Each office or position of employment for which this statement is filed

Unit of Government

McLean County, Illinois

Additional Position(s):

Each office or position of employment for which this statement is filed

Unit of Government

NOV 27 2017

Please check one of the following:  Candidate OR  Annual Filing OR  Supplemental

**GENERAL DIRECTIONS**

*Kathy Michael  
McLean County Clerk*

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 additional space is needed, please attach supplemental listing.**

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.

Business Entity

Instrument of Ownership

Position of Management

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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.

Name

Address

Type of Practice

*/*

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.

*/*

Kathryn W. Johnson  
COUNTY CLERK

NOV 27 2017

MCLEAN COUNTY, ILLINOIS

FILED

4. List the identity (including the 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.

5. List the name of any entity and the nature of the governmental action requested by any entity which 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.

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.

7. List the name of any unit of government which 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.

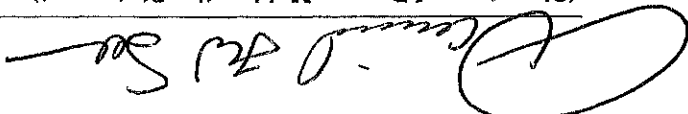
8. List the name of any entity from which a gift or gifts, or honorarium or honoraria, valued singly or in the aggregate in excess of \$500, was received during the preceding calendar year.

### 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 the Statement)

(Date)

  
11/25/17

*Kathryn W. Johnson*  
COUNTY CLERK

NOV 27 2017

MALEAN COUNTY, ILLINOIS  
**FILED**

**STATEMENT OF ECONOMIC INTERESTS**

Kathy Michael, McLean County Clerk  
 115 East Washington Street, Room 102, Bloomington, IL 61701

Name: David Siebert

Filing for Calendar Year: 2017

Mailing Address: 38282 East 1300 North Road, Seybrook, IL 61790  
 Full post office address including city and zip code

Home Address: 38282 East 1300 North Road, Seybrook, IL 61790  
 Full address including city and zip code

Position(s): N/A County Board Member

Each office or position of employment for which this statement is filed  
 Unit of Government: McLean County, Illinois

Additional Position(s): N/A

Each office or position of employment for which this statement is filed  
 Unit of Government: McLean County, Illinois

Please check one of the following:  Candidate OR  Annual Filing OR  Supplemental

**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 additional space is needed, please attach supplemental listing.

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.

Business Entity: N/A  
 Instrument of Ownership: \_\_\_\_\_  
 Position of Management: \_\_\_\_\_

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.

Name: N/A  
 Address: \_\_\_\_\_  
 Type of Practice: \_\_\_\_\_

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.

N/A





NOV 27 2017

FILED  
McLEAN COUNTY, ILLINOIS

(Signature of Person Making the Statement) (Date)

*[Handwritten Signature]*  
9/9/17

"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."

VERIFICATION

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.

*None*

7. List the name of any unit of government which 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.

*N/A*

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.

*N/A*

5. List the name of any entity and the nature of the governmental action requested by any entity which 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.

*N/A*

4. List the identity (including the 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.

*N/A*

Kathy Johnson  
COUNTY CLERK

NOV 27 2017

MCLEAN COUNTY, ILLINOIS

FILED

**STATEMENT OF ECONOMIC INTERESTS**

**Kathy Michael, McLean County Clerk**

115 East Washington Street, Room 102, Bloomington, IL 61701

Name: Logan Smith

Filing for Calendar Year: 2017

Mailing Address: 1709 N Maple St. Normal IL 61761

Full post office address including city and zip code

Home Address: 1409 N Maple St Normal IL 61761

Full address including city and zip code

Position(s): County Board

Each office or position of employment for which this statement is filed

Unit of Government McLean County

**FILED**

MCLEAN COUNTY, ILLINOIS

Additional Position(s):

Each office or position of employment for which this statement is filed

Unit of Government

NOV 27 2017

Please check one of the following:  Candidate OR  Annual Filing OR  Supplemental

**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 additional space is needed, please attach supplemental listing.**

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Business Entity

Instrument of Ownership

Position of Management

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.

Name

Address

Type of Practice

**RECEIVED**

MCLEAN COUNTY

NOV 27 2017

MCLEAN COUNTY CLERK

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.



NOV 27 2017

RECEIVED  
McLEAN COUNTY

(Signature of Person Making the Statement) Joganna  
(Date) 11/27/17

"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."

VERIFICATION

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7. List the name of any unit of government which 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.

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.

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4. List the identity (including the 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.

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**STATEMENT OF ECONOMIC INTERESTS**

**Kathy Michael, McLean County Clerk**

115 East Washington Street, Room 102, Bloomington, IL 61701

Name: *J W Snyder*

Filing for Calendar Year:

Mailing Address: *104 Mercedes Ct Downs IL 61736*

Full post office address including city and zip code

*104 Mercedes Ct Downs IL 61736*

Position(s): *County Board Member*

Each office or position of employment for which this statement is filed

Unit of Government

Additional Position(s):

Each office or position of employment for which this statement is filed

Unit of Government **FILED**

Please check one of the following:  Candidate OR  Annual Filing OR  Supplemental McLEAN COUNTY, ILLINOIS

**GENERAL DIRECTIONS**

DEC 04 2017

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 additional space is needed, please attach supplemental listing.**

McLEAN COUNTY CLERK

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.

Business Entity

Instrument of Ownership

Position of Management

*n/a*

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

Name

Address

Type of Practice

*n/a*

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.

*n/a*

4. List the identity (including the 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.

n/a

5. List the name of any entity and the nature of the governmental action requested by any entity which 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.

n/a

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n/a

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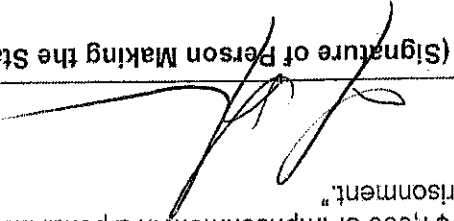
n/a

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.

n/a

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 the Statement)

(Date)



**STATEMENT OF ECONOMIC INTERESTS**

**Kathy Michael, McLean County Clerk**

115 East Washington Street, Room 102, Bloomington, IL 61701

Name: James S. Seldner

Filing for Calendar Year: 2018

Mailing Address: P.O. Box 58 Ellsworth, IL 61737

Full post office address including city and zip code

Home Address: 201 S. Main St., Ellsworth, IL 61737

Full address including city and zip code

Position(s): McLean County Board District 2

Each office or position of employment for which this statement is filed

Unit of Government: McLean Co Board

**FILED**

McLean Co, McLEAN COUNTY, ILLINOIS

Additional Position(s): Recinct Comm. Member

Unit of Government: McLean Co

Please check one of the following:  Candidate OR  Annual Filing OR  Supplemental

**GENERAL DIRECTIONS**

*Kathy Michael  
COUNTY CLERK*

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 additional space is needed, please attach supplemental listing.**

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Business Entity

Instrument of Ownership

Position of Management

None

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.

Name

Address

Type of Practice

None

McLEAN COUNTY

NOV 27 2017

McLEAN COUNTY CLERK

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.

None

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McLEAN COUNTY

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"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 the Statement)

(Date)

11/27/17

VERIFICATION

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.

None

7. List the name of any unit of government which 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.

None

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.

None

5. List the name of any entity and the nature of the governmental action requested by any entity which 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.

None

4. List the identity (including the 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.

None



**FILED**  
McLEAN COUNTY, ILLINOIS

DEC 01 2017

Kathy Michael  
COUNTY CLERK

**STATEMENT OF ECONOMIC INTERESTS**

115 East Washington Street, Room 102, Bloomington, IL 61701

Name: **STEVEN SATTS**

Mailing Address: **613 W. JACKSON ST. BLOOMINGTON, IL 61701**  
Full post office address including city and zip code

Home Address: **613 W. JACKSON ST. BLOOMINGTON, IL 61701**  
Full address including city and zip code

Position(s): **COUNTY BOARD, McLEAN COUNTY DISTRICT 8**  
Each office or position of employment for which this statement is filed

Additional Position(s): **PUBLIC WORKS COMMITTEE, BLOOMINGTON - 12**  
Each office or position of employment for which this statement is filed

Please check one of the following:  Candidate OR  Annual Filing OR  Supplemental

**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 additional space is needed, please attach supplemental listing.**

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.

Business Entity

Instrument of Ownership

Position of Management

N/A

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

Name

Address

Type of Practice

N/A

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.

**DIRECTOR OF RADIO & ILLINOIS STATE UNIVERSITY**



4. List the identity (including the 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.

N/A

5. List the name of any entity and the nature of the governmental action requested by any entity which 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.

N/A

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.

N/A

7. List the name of any unit of government which 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.

ILLINOIS STATE UNIVERSITY

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.

N/A

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 the Statement)

11/22/17

(Date)





STATEMENT OF ECONOMIC INTERESTS

Kathy Michael, McLean County Clerk

115 East Washington Street, Room 102, Bloomington, IL 61701

Filing for Calendar Year:

Name: *Courtel Thompson*

Mailing Address: *31784 E 1400 North Rd*

Full post office address including city and zip code

Home Address: *Same*

Full address including city and zip code

Position(s): *County Board*

Each office or position of employment for which this statement is filed

*County* Unit of Government

**FILED**

McLEAN COUNTY, ILLINOIS

Additional Position(s):

Each office or position of employment for which this statement is filed

DEC 01 2017

Unit of Government

*Kathy Michael*  
COUNTY CLERK

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 additional space is needed, please attach supplemental listing.**

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.

Business Entity

Instrument of Ownership

Position of Management

*None*

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.

Name

Address

Type of Practice

*None*

McLEAN COUNTY, ILLINOIS

**FILED**

DEC 01 2017

*Kathy Michael*  
COUNTY CLERK

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.

*None*



KOENIG, MICHAEL  
COUNTY CLERK

DEC 01 2017

FILED  
MCLEAN COUNTY, ILLINOIS

(Signature of Person Making the Statement) (Date)

*Michael Koening*  
12-1-17

"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."

VERIFICATION

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.

*None*

7. List the name of any unit of government which 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.

*None*

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.

*None*

5. List the name of any entity and the nature of the governmental action requested by any entity which 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.

*None*

4. List the identity (including the 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.

*None*



**STATEMENT OF ECONOMIC INTERESTS**

**Kathy Michael, McLean County Clerk**

115 East Washington Street, Room 102, Bloomington, IL 61701

Name: Shayna Warkinski

Mailing Address: 1112 W. Oakland Avenue, Bloomington, IL 61701  
 Full post office address including city and zip code

Home Address: 1112 W. Oakland Avenue, Bloomington, Illinois, 61701  
 Full address including city and zip code

Phone: 309-242-1531

E-mail address: Shaynawark@icgmaill.com

Position(s): McLean County Board

Each office or position of employment for which this statement is filed

District 8  
 Unit of Government: McLEAN COUNTY, ILLINOIS

Additional Position(s):  
 Each office or position of employment for which this statement is filed

Unit of Government: DEC 04 2017

Please check one of the following:  Candidate OR  Annual Filing OR  Supplemental

Kathy Michael  
 COUNTY CLERK

**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 additional space is needed, please attach supplemental listing.**

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.

Business Entity

N/A

Instrument of Ownership

N/A

Position of Management

N/A

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.

Name N/A

Address N/A

Type of Practice N/A

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.

N/A

4. List the identity (including the 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.

N/A

5. List the name of any entity and the nature of the governmental action requested by any entity which 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.

N/A

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.

N/A

7. List the name of any unit of government which 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.

N/A

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.

N/A

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 the Statement) (Date)

*S. Madala* 12/2/17

**STATEMENT OF ECONOMIC INTERESTS**

115 East Washington Street, Room 102, Bloomington, IL 61701

Name: Kevin Woodard

Filing for Calendar Year: 2018

Mailing Address: 15 Fetzner Ct. # 3 Blomington, IL 61704  
Full post office address including city and zip code

Home Address: 15 Fetzner Ct. # 3 Blomington, IL 61704  
Full address including city and zip code

Position(s): County Board

McLean County

Each office or position of employment for which this statement is filed

Unit of Government

Additional Position(s): N/A

N/A

Each office or position of employment for which this statement is filed

Unit of Government

Please check one of the following:  Candidate OR  Annual Filing OR  Supplemental

**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 additional space is needed, please attach supplemental listing.**

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.

Business Entity

Instrument of Ownership

Position of Management

N/A

N/A

N/A

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.

Name

Address

Type of Practice

N/A

N/A

N/A

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.

N/A





(Date) (Signature of Person Making the Statement)

11/26/17 *Norm W. [Signature]*

"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."

VERIFICATION

\_\_\_\_\_

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. *N/A*

\_\_\_\_\_

7. List the name of any unit of government which 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. *N/A*

\_\_\_\_\_

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. *N/A*

\_\_\_\_\_

5. List the name of any entity and the nature of the governmental action requested by any entity which 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. *N/A*

\_\_\_\_\_

4. List the identity (including the 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. *N/A*



**STATEMENT OF ECONOMIC INTERESTS**

**Kathy Michael, McLean County Clerk**

115 East Washington Street, Room 102, Bloomington, IL 61701

Name: Kathy Michael

Filing for Calendar Year: 2018

Mailing Address: 116 Eastview Dr, Normal, IL 61761

Full post office address including city and zip code

Home Address: 116 Eastview Dr, Normal, IL 61761

Full address including city and zip code

Position(s): County Board

Each office or position of employment for which this statement is filed

McLean County

Unit of Government

**FILED**

McLEAN COUNTY, ILLINOIS

Please check one of the following:  Candidate OR  Annual Filing OR  Supplemental

Kathy Michael

County Clerk

**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 additional space is needed, please attach supplemental listing.**

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Business Entity

Instrument of Ownership

Position of Management

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.

Name

Address

Type of Practice

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.

Karen Marshall  
COUNTY CLERK

NOV 27 2017  
FILED  
MCLEAN COUNTY, ILLINOIS

4. List the identity (including the 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.

5. List the name of any entity and the nature of the governmental action requested by any entity which 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.

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.

7. List the name of any unit of government which 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.

~~City of Bloomington, Illinois, Retro + ceased employment in April 2017~~

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.

### 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."

*Danny Walker*  
11/8/17  
(Signature of Person Making the Statement) (Date)

*Kathryn Marshall*  
COUNTY CLERK

NOV 27 2017

McLEAN COUNTY, ILLINOIS  
**FILED**