

**STATEMENT OF ECONOMIC INTERESTS**

**Kathy Michael, McLean County Clerk**

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

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

Mailing Address: \_\_\_\_\_

Full post office address including city and zip code

Home Address: \_\_\_\_\_

Full address including city and zip code

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Position(s): \_\_\_\_\_

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**

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.

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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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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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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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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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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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#### 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."

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(Signature of Person Making the Statement)

(Date)

This will be returned to you when  
your statement is filed in the  
County Clerk's Office

**Return to County Clerk's Office  
with Statement**

Receipt is hereby acknowledged  
of your Statement of Economic  
Interest, filed pursuant to the  
Illinois Governmental Ethics Act.  
The Statement was filed as of this  
date.

\_\_\_\_\_  
(Office(s) or Position(s) of Employment for which this Statement is Filed)

Clerk's Date Stamp Here

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

State

Zip

**All pages** must be returned to the McLean County Clerk for filing either in person or by mail. We will return this receipt to you.

**Location:** 115 East Washington Street, Room 102  
Bloomington, IL 61701

**Mailing Address:** Kathy Michael, McLean County Clerk  
PO Box 2400  
Bloomington, IL 61702-2400