Statement of Economic Interests to be Filed with the County Clerk Your Name Was Submitted For Files have Falls In the County Clerk

Your Name Was Submitted For Filing by an Entity That You Represent (Type or Print)

Name: ROGEN L. E	TODY	
Each Office or Position of Employment	for which this Statement is Filed:	<i>\$</i>
Superintendent, H	tusanume CUSD#1	
		JAN 22 2009
		Patricia a. Hipan COUNTY CLERK
Full Post Office Address: Po. By 218, Hur	Sowille, It. 62433	
,	GENERAL DIRECTIONS	
be the same as the interest of the perspace is needed, please attach supp 1. List the name and instrument of own person is required to file, in which ket value, or from which dividends in	vnership in any entity doing business with a unit of the ownership interest held by the person at the of n excess of \$1,200 were received during the preced he street address, or if none, then by legal descript	I not be included in this statement. If more of local government in relation to which the date of filing is in excess of \$5,000 fair maring calendar year: (In the case of real estate,
Business Entity	Instrument of Ownership	Position of Management
	NONE	
2. List the name, address and type of potential cer, director, associate, partner or potential the preceding calendar year:	oractice of any professional organization in which t roprietor, or served in any advisory capacity, from w :	he person making the statement was an offi- hich income in excess of \$1,200 was derived
Name	Address	Type of Practice
	· INIF.	
	NAVE	
3. List the nature of professional servi son is required to file) to each enti the preceding calendar year by the	ices rendered (other than to the unit or units of locity from which income exceeding \$5,000 was received person making the statement:	cal government in relation to which the per-
son is required to file) to each enti	ity from which income exceeding \$5,000 was receiverson making the statement:	cal government in relation to which the per-

4. List the identity (including address or legal description of real estate) of any capital asset from which a capital gain of \$5,000 or more was realized during the preceding calendar year:
NONE
5. List the name of any entity and the nature of the governmental action requested by any entity that has applied to a unit of local government in relation to which the person must file for any license, franchise or permit for annexation, zoning or rezoning of real estate during the preceding calendar year, if the ownership interest of the person filing is in excess of \$5,000 fair market value at the time of filing, or if income or dividends in excess of \$1,200 were received by the person filing from the entity during the preceding calendar year:
A DA IE
NONC
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 that employed the person making the statement during the preceding calendar year, other than the unit or units of government in relation to which the person is required to file:
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 Statement Date

Printed by authority of the State of Illinois. August 2007 — 80M — I-107.8

Name Rogen EDI) 4	
Each office or position of employment fo	r which this statement is filed.	
Superintendent.	- Hutsmorle CUSD+	
		JAN 24 2008
		Patrocia a Lycan
Hutsanorde Cu	SD#1	
By 218 Hutsawille, Il.	62433	
Full post office address to which notifica	tion of an examination of this statement sh	ould be sent.
	General Directions	
be considered to be the same as the	led by the person making the statement interest of the person making the state onal space is needed, please attack	ement. Campaign receipts shall not be
to which the person is required to fil excess of \$5,000 fair market value o calendar year. (In the case of real esta	ownership in any entity doing business with e, in which the ownership interest held for from which dividends in excess of \$1,2 ate, location thereof shall be listed by the posit in a financial institution, nor any definition.	by the person at the date of filing is in 00 were received during the preceding street address, or if none, then by legal
Business Entity	Instrument of Ownership	Position of Management
NONE		
statement was an officer, director, as	of practice of any professional organizes ssociate, partner or proprietor or served wed during the preceding calendar year.	zation in which the person making the d in any advisory capacity, from which
Name	Address	Type of Practice
NONE		
which the person is required to file) to	vices rendered (other than to the unit or each entity from which income exceedin ng calendar year by the person making t	g \$5,000 was received for professional 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.
NONE
17019
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Navo
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(signature of person making the slatement) /-/1-08 (date)

ROGER L. E.	DDY		
Each office or position of employment for v	which this statement is filed.		
Hutsonville	CUSD#1 Supar	de do t	
	5435 · 34301	moren (Long & Year Cont.
			JAN 19 2007
			Advisor O. Kraeni COUNTY CLERK
Full post office address to which notification	on of an examination of this sta	tement should be sent	•
P.O. BOX 218 H	USANUM	N. 624	33
	General Direction	ns	
The interest (if constructively controlle be considered to be the same as the i included in this statement. If addition	nterest of the person making nal space is needed, plea	g the statement. Can se attach supplem	npaign receipts shall not be nental listing.
1. List the name and instrument of ow to which the person is required to file, excess of \$5,000 fair market value or f calendar year. (In the case of real estate description.) No time or demand depo	in which the ownership inte from which dividends in exce e, location thereof shall be lis	rest held by the pers ss of \$1,200 were re ted by the street addr	on at the date of tiling is in ceived during the preceding ess, or if none, then by legal
Business Entity M	Instrument of Owners	hip Posi	tion of Management
2. List the name, address and type of statement was an officer, director, assincome in excess of \$1,200 was derive	ociate, partner or proprieto:	or served in any ac	hich the person making the lvisory capacity, from which
Name	Address		Type of Practice
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3. List the nature of professional servi which the person is required to file) to e services rendered during the preceding	each entity from which incom	e exceeding \$5,000 v	vas received for protessional
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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 of 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.
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)

Name ROGER L. EDDY	, , , , , , , , , , , , , , , , , , ,		
Each office or position of employment for	which this statement is filed		Anna Raine Sand
Superintonobut, Hut			JAN 2 0 2006 Dimoni G. Lycan
			COUNTY CLERK
Full post office address to which notification			nf.
1 100 000 1	General Direc		
The interest (if constructively controlle be considered to be the same as the included in this statement. If addition	nterest of the person mak	ing the statement. Co	impaign receipts shall not be
1. List the name and instrument of ow to which the person is required to file, excess of \$5,000 fair market value or for calendar year. (In the case of real estate description.) No time or demand depo	in which the ownership in from which dividends in ex e, location thereof shall be	nterest held by the per cess of \$1,200 were r listed by the street add	rson at the date of filing is in received during the preceding dress, or if none, then by legal
Business Entity	Instrument of Owne	ership Po	sition of Management
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2. List the name, address and type o statement was an officer, director, asso income in excess of \$1,200 was derive	ociate, partner or proprie	for or served in any c	which the person making the advisory capacity, from which
Name	Address		Type of Practice
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3. List the nature of professional service which the person is required to file) to experience rendered during the preceding	ach entity from which inco	me exceeding \$5,000 on making the statem	was received for professional eent.

 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 of 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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(signature of person making the statement) (date)
(signature of person making the statement) (date)

Name ROGER EDD	y	
Each office or position of employment	for which this statement is filed.	· x # 1
Superi	related Hutsmorthe CUS	D * 1
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		JAN 1 9 2005
		Addiois V. Right
Hutsay Wy Cu S	D# /cation of an examination of this statement show	ıld be sent.
悟 PO BY Z18	Hutsawing, I. 6	2433
	General Directions	
he considered to be the same as t	olled by the person making the statement) he interest of the person making the staten tional space is needed, please attach	nent. Campaign receipts shall not be
to which the person is required to excess of \$5,000 fair market value calendar year. (In the case of real e	f ownership in any entity doing business with file, in which the ownership interest held by or from which dividends in excess of \$1,20 state, location thereof shall be listed by the si leposit in a financial institution, nor any deb	y the person at the date ot tiling is in O were received during the preceding treet address, or if none, then by lega
Business Entity	Instrument of Ownership	Position of Management
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statement was an officer, director,	pe of practice of any professional organiza associate, partner or proprietor or served erived during the preceding calendar year.	ation in which the person making the in any advisory capacity, from which
Name	Address	Type of Practice
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which the person is required to file)	services rendered (other than to the unit or u to each entity from which income exceeding ding calendar year by the person making th	\$5,000 was received for professiona

4. List the identity (including the address or legal description of real estate) of any capital asset from gain of \$5,000 or more was realized during the preceding calendar year.	n which a capital
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8. List the name of any entity from which a gift or gifts, or honorarium or honoraria, valued aggregate in excess of \$500, was received during the preceding calendar year.	singly or in the
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VERIFICATION	
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signature of person making the statement)

Total divide of bosiness of ambi-1	ment for which th	is statement is filed.		
Supe	nj penchu	t Hutsanville	CUSP*/	JAN 2 1 2004 Account Character
Full post office address to which	notification of an	examination of this statement s	hould be sent.	and the state of t
_		218, Hutsanu		62432
		General Directions		
The interest (if constructively of be considered to be the same included in this statement. If c	as the interest	of the person making the sta	tement. Campa	ign receipts shall not be
to which the person is require	ent of ownership d to file, in whi	o in any entity doing business v	vith a unit of local	Il government in relation
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excess of \$5,000 fair market v calendar year. (In the case of r description.) No time or demo	ralue or from wheal estate, location and deposit in a	nich dividends in excess of \$1, ion thereof shall be listed by the financial institution, nor any Instrument of Ownership eice of any professional organ partner or proprietor or serv	.200 were receive street address, debt instrument Position Position inization in which ed in any advisor.	ed during the preceding or if none, then by lega shall be listed. To of Management The person making the
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Nowl
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VERIFICATION "I do do so the at this at a tensor and a financial size of the sound at the sound

'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)

STATEMENT OF ECONOMIC INTERESTS TO BE FILED WITH THE COUNTY CLERK

2003-103

Sun Com Sun

JAN 2 4 2003

\circ	(TYPE OR	HAND PRINT)	Altrain O. Spore
KOGER	L, E	<u> </u>	COUNTY CLERK
(office or positi P.D. Box (full post office address to whi	dret Hi	name) its auxilie Cli) (D + (
(office or positi	on of employm	ent for which this statemen	
(full post office address to whi	ch notification	of an examination of this	statement should be sent)
		L DIRECTIONS	
The interest (if constructively controlled be considered to be the same as the interest of statement. If additional space is needed, ple	the person mal	king the statement. Campai	a spouse or any other party, shall be ign receipts shall not be included in this
1. List the name and instrument of ownersh which the person is required to file, in which \$5,000 fair market value or from which div the case of real estate, location thereof shall demand deposit in a financial institution, not	ch the ownersh idends in exces I be listed by tl	ip interest held by the per is of \$1,200 were received ne street address, or if none	son at the date of filing is in excess of during the preceding calendar year. (In
Business Entity		Ins	trument of Ownership
Noul			
2. List the name, address and type of practi an officer, director, associate, partner or pro was derived during the preceding calendar ye	prietor or serve	ssional organization in whi d in any advisory capacity	ch the person making the statement was from which income in excess of \$1,200
Name	A	ddress	Type of Practice
Naul			
3. List the nature of professional services required to file) and the nature of the entity preceding calendar year from the entity for services' means services rendered in the propsychology.)	ty to which the professional ser	ey were rendered if fees exc vices rendered by the perso	ceeding \$5,000 were received during the on making the statement. ("Professional

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4. List the identit \$5,000 or more was	y (including the address or as realized during the preced	r legal description ding calendar year	of real estate) of any cap	oital asset from whi	ch a capital gain o
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unit of local gover or rezoning of rea \$5,000 fair marke	of any entity and the natur inment in relation to which al estate during the preced t value at the time of filing ring the preceding calendar	h the person must ling calendar year gor if income or d	file for any license, franc if the ownership intere	hise or permit for a st of the person fi	annexation, zoning ling is in excess of
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file from which is services and the ti	of any entity doing business ncome in excess of \$1,200 tle or description of any po ament need be listed.	0 was derived dur	ing the preceding calend	dar year other tha	n for professional
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8. List the name of excess of \$500, wa	of any entity from which a s received during the preced	a gift or gifts, or h	onorarium or honoraria,	, valued singly or i	n the aggregate in
		VERIFIC	ATION		
examined by me a interests as requi incomplete statem	nis statement of economic and to the best of my kno red by the Illinois Governa ent shall be a fine not to ex year, or both fine and impri	owledge and belie mental Ethics Ac xceed \$1,000 or it	f is a true, correct and of I understand that the	complete statemen penalty for willful	t of my economic ly filing a false or
	_	(signature of per	son making the statemen	(t)	(date)
			/ /		

STATEMENT OF ECONOMIC INTERESTS TO BE FILED WITH THE COUNTY CLERK

(TYPE O	R HAND PRINT)	JAN 2 4 a
Koger	L. EDDY	2 4 2002
	(name)	Hatisa a Lean
SUPERINTEN	L. EDDY (name) OUT HUTSONI	TILE UNIT THE
(office or position of employ	ment for which this state	ment is filed)
13998 EAST 1900 B AVENUE	HUTSONUTUE	PC 62432
/3998 EAST 1900 12 AVENUE (full post office address to which notification	n of an examination of th	nis statement should be sent)
CENER	AL DIRECTIONS	
The interest (if constructively controlled by the person considered to be the same as the interest of the person m statement. If additional space is needed, please attach supports	aking the statement. Cam	of a spouse or any other party, shall be apaign receipts shall not be included in this
1. List the name and instrument of ownership in any entwhich the person is required to file, in which the owners \$5,000 fair market value or from which dividends in except the case of real estate, location thereof shall be listed by demand deposit in a financial institution, nor any debt institution.	hip interest held by the ess of \$1,200 were receiv the street address, or if n	person at the date of filing is in excess of wed during the preceding calendar year. (In
Business Entity		Instrument of Ownership
NONE		NONE
2. List the name, address and type of practice of any profit an officer, director, associate, partner or proprietor or services during the preceding calendar year. Name		
NONE	NONE	NONE
3. List the nature of professional services rendered (other required to file) and the nature of the entity to which the preceding calendar year from the entity for professional se services "means services rendered in the practice of law, a psychology.)	ey were rendered if fees or rvices rendered by the pe	exceeding \$5,000 were received during the arson making the statement. ("Professional

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