## Your Name Was Submitted For Filing by an Entity That You Represent STATEMENT OF ECONOMIC INTERESTS TO BE FILED WITH THE COUNTY CLERK

(Type or Hand Print)

Name

FREDERICK ALJETS

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

FOSTERBURG WATER DISTRICT TRUSTEE



MARK A WON 'M' A MADISON COUNTY CLETT

Full post office address to which notification of an examination of this statement should be sent.

111 ELM DR.- HOLIDAY SHOR EDWARDSVILLE IL 62025-5314

#### **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.

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Printed by authority of the State of Illinois. August 2006 — 75M — I 107.7

(signature of person making the statement)

	(Type or Print)	
Name:		
FREDERICK ALJETS		
Fach Office or Position of Employees		MADISON COUNTY CLERK
Each Office or Position of Employment	for which this Statement is Filed:	AGIN NOV. A XAM
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FOSTERBURG WATER I	TSTRICT TRICTER	800S L S A9A
	SISIRICI IKOSIEE	
		uetije i
		- Vannagari
Full Post Office Address:		
111 ELM DR HOLID	AY SHOR EDWARDSVILLE IL 6	520255214
		52023-5514
	GENERAL DIRECTIONS	·
The interest life constructions		
of the same as the interest of the	by the person making the statement) of a	spouse or any other party shall be considered t shall not be included in this statement. <b>If mo</b> r
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Name:		
FREDERICK ALJETS		
Each Office or Position of Employment	for which this Statement is Filed:	And the second s
FOSTERBURG WATER	DISTRICT TRUSTEE	<b>5</b> 4530
		APR 23 2009
		MARK A. VON NIDA MADISON COUNTY CLERK
Full Post Office Address:		
	DAY SHOR EDWARDSVILLE IL 6	52025-5314
	GENERAL DIRECTIONS	
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Date

### State

Your Name Was Submitted For Filing by an Entity That You Represent

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Name)	(Type or Print)	
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FOSTERBURG WATER	R DISTRICT TRUSTEE	12 11 - 30
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		APR 22 ZUIU
		MARK A. VON NIDA
•		MADISON COUNTY CLERK
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l Post Office Address)		
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	GENERAL DIRECTIONS	
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4.	<ol> <li>List the identity (including address or legal description of real was realized during the preceding calendar year:</li> </ol>	estate) of any capital	asset from which a capit	al gain of \$5,000 or more
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Rev. 10/09

821B Illinois Office Supply • Ottawa, IL

(Name)	(Type or Print)	
	(type of Film)	
Each Office or Position of Employment for which	n this Statement is Filed)	
FOSTERBURG WATE	R DISTRICT TRUSTEE	
•		APR 13 2011
		MARK A. VON NIDA MADISON COUNTY CLERK
		· .
l Post Office Address)		
	JIDAY SHOR EDWARDSVILLE IL 62	025-5314
•	GENERAL DIRECTIONS	<u>, , , , , , , , , , , , , , , , , , , </u>
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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:
	NA
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:
	NA
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	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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- ₹ ¶: .++	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:
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	exception.
	VERIFICATION
,0(	lare that this Statement of Economic Interests (including any accompanying schedules and statements) has been examined by me and e best of my knowledge and belief is a true, correct and complete statement of my economic interests as required by the Illinois ernmental Ethics Act. I understand that the penalty for willfully filing a false or incomplete statement shall be a fine not to exceed 00, 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)

821B Illinois Office Supply • Ottawa, IL

(Name) FREDERICK ALJETS	(Type or Print)	
(Each Office or Position of Employment for which th	is Statement is Filed)	
FOSTERBURG WATER	DISTRICT TRUSTEE	FILE 0
		MARK A. VON NIDA MADISON COUNTY CLERK
(Full Post Office Address)		005 5214
III ELM DR HOLI	DAY SHOR EDWARDSVILLE IL 62	025-5314
	GENERAL DIRECTIONS	
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VERIFICATION	$e^{\epsilon}$

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)

(Date

821B Illinois Office Supply • Ottawa, IL

(Name)	(Type or Print)	
FREDERICK ALJETS	* * * * * * * * * * * * * * * * * * *	
(Each Office or Position of Employment for which t	his Statement is Filed)	
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		511157
FOSTERBURG WATER	R DISTRICT TRUSTEE	ADD a C age
		APR 2 5 2013
		DEBRA D. MING-MENDOZA
		MADISON COUNTY CLERK
		- CLERK
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(Full Post Office Address)	TDAY CHOD EDWADDCUTTER TO	(2025 5214
III ELM DR HOL	IDAY SHOR EDWARDSVILLE II	1 62025-5314
	GENERAL DIRECTION	S .
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4.	List the identity (including address or legal description of real estate) of any capital asset from which was realized during the preceding calendar year:	h a capital gain of \$5,000 or more
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	government in relation to which the person must file for any license, franchise or permit for annex estate during the preceding calendar year, if the ownership interest of the person filing is in excess of time of filing, or if income or dividends in excess of \$1,200 were received by the person filing from calendar year:	ation, zoning or rezoning of rea
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Signature of Person Making Statement (Date)

## Your Name Was Submitted For Filing by an Entity That You Represent

821B Illinois Office Supply • Ottawa, IL 2013

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nch Office or Positio	ERICK ALJETS	(-), remay		
	n of Employment for which this St	tatement is Filed)		
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FOST	ERBURG WATER I	DISTRICT TRUSTEE		
			APR 2.4 ZUI-	
			DEBRA D. MINGMENT MADISON COUNTY (	DOZA Clerk
ll Post Office Addre		AY SHOR EDWARDSVILLE IL 62		Added
				addition
		GENERAL DIRECTIONS		Previou
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ncer, director, rived during th	ne preceding calendar ye	ar:	Type of Pr	f \$1,200 was

3.

### 821B Illinois Office Supply • Ottawa, IL

# Statement of Economic Interests to be Filed with the County Clerk Your Name Was Submitted For Filing by an Entity That You Represent

		(Type or Print)	
	FREDERICK ALJETS		
(Each Of	ice or Position of Employment for which this Stateme	ent is Filed)	
			FILED
	FOSTERBURG WATER DIS	TRICT TRUSTEE	APR 0 7 2014
			DEBRA D MING-MENDOZA MADISON COUNTY CLERK
Full Post	Office Address) 111 ELM DR HOLIDAY	SHOR EDWARDSVILLE IL 6	2025-5314
		GENERAL DIRECTIONS	
. List th	e name and instrument of ownership in	any entity doing business with a unit of l	ocal government in relation to which the person i
requir which listed	ed to file, in which the ownership interdividends in excess of \$1,200 were received the street address, or if none, then ment shall be listed.	rest held by the person at the date of filing served during the preceding calendar year: by legal description.) No time or deman	g is in excess of \$5,000 fair market value, or from (In the case of real estate, location thereof shall be ad deposit in a financial institution, nor any deb
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\$1,000, or imprisonment in a penal institution other than the penitentiary not to exceed one year, or both fine and imprisonment.

Day 10/00

\* This Statement was filed with the County Clerk's office on a paper form. In order to provide the data in a manner accessible on the web, the information from the form has been transcribed for online display. While the Clerk's office has made a good faith effort to assure accuracy and completeness, illegible or ambiguous writing may lead to transcription errors. The original paper form is available for inspection at the Clerk's office.



### Statement of Economic Interests

Filed with the Madison County Clerk http://www.madisonvotes.com/ (618) 296-6290

ALJETS, FREDERICK

Filing Date: 4/29/2015

12:00:00 AM

### Your Agency

Title Code Agency FOSTERBURG WATER DISTRICT 20-001

#### Your Answers

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 \$5,000.00 fair market value or from which dividends in excess of \$1,200.00 were received during the preceding calendar year. (In the case of real estate, location thereof shall be listed by street address, or if none, then by legal description.) No time or demand in a financial institution, nor any debt instrument shall be listed.

Business Entity: Business Business Name: ALIETS AUTOMOTIVE & U.S. BANK Instrument of Ownership:

ANSWER: Stock Position Of Management: Other Position of Management Other: PRESIDENT & NA Unit of Government: 20-

2. List the name, address and type of practice of any professional organization in which the person making the statement was an office, director, associate, partner or proprietor or served in any advisory capacity, from which income in excess of \$1,200.00 was derived during the preceding year.

ANSWER: N/A

3. List the nature of professional services rendered (other that to the unit or units of local government in relation to which the person is required file) and the nature of the entity to which they were rendered if fees exceeding \$5,000.00 were received during the preceding calendar year from the entity for professional services rendered by the person making the statement. ("Professional services" means services rendered in the practice of law, accounting, engineering, medicine, architecture, dentistry, or clinical psychology.)

ANSWER: N/A

4. List the identity (including the address or legal description of real estate) of any capital asset from which a gain of \$5,000.00 or more was realized during the preceding calendar year.

ANSWER: 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 \$5,000.00 fair market value at the time of filing or if income or dividends in excess of \$1,200.00 were received by the person filing from the entity during the preceding calendar year.

ANSWER: 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 \$1,200.00 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.

ANSWER: 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.

ANSWER: N/A

8. List the names of any entity from which a gift or gifts, or honorarium or honoraria, valued singly or in the aggregate in excess of \$500.00, was received during the preceding calendar year.

ANSWER: N/A

9. Other than your principal residence, do you or any members of your immediate family own any interest in real property located within the County

ANSWER: N/A

10. Do you or members of your immediate family own an interest in any business or professional entity doing business with the County or any other public/local government agency within Madison County

ANSWER: N/A

11. Other than a debt to secure a mortgage upon your principal residence or business loan are you or members of your immediate family indebted to any person or business or professional entity doing business with the County or any other local, public government within Madison County?

ANSWER: N/A

12. If you or members of your immediate family have been released from any indebtedness from any person, business or professional entity doing business with the County or any other local, public government within Madison County exceeding in its principal amount of \$1,200.00 within the last year without repaying the total balance due on such indebtedness, list the name of the creditor providing the release, the nature and the amount of the indebtedness, and describe the circumstances surrounding

the release. EXCLUDE: Any liability of \$1,200.00 or less; student loans; installment loans (cars, household effects, etc); medical
and dental debts; credit card purchases; support or alimony obligations; debts owed to spouse or close relative; and debts
incurred in the maintenance of your household.

ANSWER: N/A

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### **Statement of Economic Interests**

Filed with the Madison County Clerk http://www.madisonvotes.com/ (618) 296-6290

**ALJETS, FREDERICK** 

Filing Date: 6/7/2016

12:00:00 AM

### Your Agency

Code	Agency	Title
20-001	FOSTERBURG WATER DISTRICT	TRUSTEE
	THE CONTROL STREET STRE	

#### **Your Answers**

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 \$5,000.00 fair market value or from which dividends in excess of \$1,200.00 were received during the preceding calendar year. (In the case of real estate, location thereof shall be listed by street address, or if none, then by legal description.) No time or demand in a financial institution, nor any debt instrument shall be listed.

ANSWER:

Business Entity: Business Business Name: ALIETS AUTOMOTIVE Instrument of Ownership: Stock Position Of Management: None Unit of Government: 20-001

2. List the name, address and type of practice of any professional organization in which the person making the statement was an office, director, associate, partner or proprietor or served in any advisory capacity, from which income in excess of \$1,200.00 was derived during the preceding year.

ANSWER: N/A

3. List the nature of professional services rendered (other that to the unit or units of local government in relation to which the person is required file) and the nature of the entity to which they were rendered if fees exceeding \$5,000.00 were received during the preceding calendar year from the entity for professional services rendered by the person making the statement. ("Professional services" means services rendered in the practice of law, accounting, engineering, medicine, architecture, dentistry, or clinical psychology.)

ANSWER: N/A

4. List the identity (including the address or legal description of real estate) of any capital asset from which a gain of \$5,000.00 or more was realized during the preceding calendar year.

ANSWER: 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 \$5,000.00 fair market value at the time of filing or if income or dividends in excess of \$1,200.00 were received by the person filing from the entity during the preceding calendar year.

ANSWER: 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 \$1,200.00 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.

ANSWER: Name of Entity: ALJETS AUTOMOTIVE INC. Unit of Government: 20-001 Title: NON-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.

ANSWER: N/A

8. List the names of any entity from which a gift or gifts, or honorarium or honoraria, valued singly or in the aggregate in excess of \$500.00, was received during the preceding calendar year.

ANSWER: N/A

9. Other than your principal residence, do you or any members of your immediate family own any interest in real property located within the County

ANSWER: N/A

10. Do you or members of your immediate family own an interest in any business or professional entity doing business with the County or any other public/local government agency within Madison County

ANSWER: N/A

11. Other than a debt to secure a mortgage upon your principal residence or business loan are you or members of your immediate family indebted to any person or business or professional entity doing business with the County or any other local, public government within Madison County?

ANSWER: N/A

12. If you or members of your immediate family have been released from any indebtedness from any person, business or professional entity doing business with the County or any other local, public government within Madison County exceeding in its principal amount of \$1,200.00 within the last year without repaying the total balance due on such indebtedness, list the name of the creditor providing the release, the nature and the amount of the indebtedness, and describe the circumstances surrounding the release. EXCLUDE: Any liability of \$1,200.00 or less; student loans; installment loans (cars, household effects, etc...); medical

and dental debts; credit card purchases; support or alimony obligations; debts owed to spouse or close relative; and debts
ncurred in the maintenance of your household.

ANSWER: N/A

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### Statement of Economic Interests

Filed with the Madison County Clerk http://www.madisonvotes.com/ (618) 296-6290

ALJETS, FREDERICK

Filing Date: 4/28/2017

12:00:00 AM

### Your Agency

Code	Agency	Title
20-001	FOSTERBURG WATER DISTRICT	TRUSTEE

#### **Your Answers**

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 \$5,000.00 fair market value or from which dividends in excess of \$1,200.00 were received during the preceding calendar year. (In the case of real estate, location thereof shall be listed by street address, or if none, then by legal description.) No time or demand in a financial institution, nor any debt instrument shall be listed.

ANSWER:

Business Entity: Business Business Name: ALIETS AUTOMOTIVE Instrument of Ownership: Other Instrument of Ownership "Other": 7.5% Position Of Management: None Unit of Government: 20-001

2. List the name, address and type of practice of any professional organization in which the person making the statement was an office, director, associate, partner or proprietor or served in any advisory capacity, from which income in excess of \$1,200.00 was derived during the preceding year.

ANSWER: N/A

3. List the nature of professional services rendered (other that to the unit or units of local government in relation to which the person is required file) and the nature of the entity to which they were rendered if fees exceeding \$5,000.00 were received during the preceding calendar year from the entity for professional services rendered by the person making the statement. ("Professional services" means services rendered in the practice of law, accounting, engineering, medicine, architecture, dentistry, or clinical psychology.)

ANSWER: N/A

4. List the identity (including the address or legal description of real estate) of any capital asset from which a gain of \$5,000.00 or more was realized during the preceding calendar year.

ANSWER: 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 \$5,000.00 fair market value at the time of filing or if income or dividends in excess of \$1,200.00 were received by the person filing from the entity during the preceding calendar year.

ANSWER: 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 \$1,200.00 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.

ANSWER: Name of Entity: ALIETS AUTOMOTIVE INC. Unit of Government: 20-001 Title: PRESIDENT

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.

ANSWER: N/A

8. List the names of any entity from which a gift or gifts, or honorarium or honoraria, valued singly or in the aggregate in excess of \$500.00, was received during the preceding calendar year.

ANSWER: N/A

9. Other than your principal residence, do you or any members of your immediate family own any interest in real property located within the County

ANSWER: N/A

10. Do you or members of your immediate family own an interest in any business or professional entity doing business with the County or any other public/local government agency within Madison County

ANSWER: N/A

11. Other than a debt to secure a mortgage upon your principal residence or business loan are you or members of your immediate family indebted to any person or business or professional entity doing business with the County or any other local, public government within Madison County?

ANSWER: N/A

12. If you or members of your immediate family have been released from any indebtedness from any person, business or professional entity doing business with the County or any other local, public government within Madison County exceeding in its principal amount of \$1,200.00 within the last year without repaying the total balance due on such indebtedness, list the name of the creditor providing the release, the nature and the amount of the indebtedness, and describe the circumstances surrounding the release. EXCLUDE: Any liability of \$1,200.00 or less; student loans; installment loans (cars, household effects, etc...); medical

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and dental debts; credit card purchases; support or alimony obligations; debts owed to spouse or close relative; and debts incurred in the maintenance of your household.

ANSWER: N/A