

Statement of Economic Interest to be Filed with the County Clerk

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

Name:

Each Office or Position of Employment for which this Statement is Filed:

STEVE MAROON
911 BRD MEMBER (CUMBERLAND COUNTY)
1259 DOGWOOD AVE
NEOGA IL 62447

Received
FEB 17 2009
Julie Gentry
Cumberland County Clerk

Full Post Office Address:

GENERAL DIRECTIONS

The interest (if constructively controlled by the person making the statement) of a spouse or any other party shall be considered to be the same as the interest of the person making the statement. Campaign receipts shall not be included in this statement. If more space is needed, please attach supplemental listing.

- 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.

Table with 3 columns: Business Entity, Instrument of Ownership, Position of Management. Row 1 contains the word 'NONE' in the Business Entity column.

- 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:

Table with 3 columns: Name, Address, Type of Practice. Row 1 contains the word 'NONE' in the Name column.

- 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:

Table with 1 column for listing professional services. Row 1 contains the word 'NONE'.

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:

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 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:

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.

Diane Marow  
Signature of Person Making Statement

02/11/09  
Date

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

STEVE MAROON

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

STEVE MAROON  
MULTI-TOWN CLERK (CUMBERLAND COUNTY )  
1259 DOGWOOD AVE  
NEOGA IL 62447

FILED  
FEB 18 2010  
TIME  
CUMBERLAND COUNTY  
CLERK & RECORDER

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

**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		

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."

*Deane Maroon*

(signature of person making the statement)

01/27/10

(date)

[ ] Your Name Was Submitted For [ ] ing by an Entity That You Rep [ ] it  
**STATEMENT OF ECONOMIC INTERESTS TO BE FILED WITH THE COUNTY CLERK**  
(Type or Hand Print)

Name

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

**STEVE MAROON**  
**911 BOARD MEMBER (CUMBERLAND COUNTY 911)**  
**1259 DOGWOOD AVE**  
**NEOGA IL 62447**

Received  
FEB 04 2011  
Cumberland County Clerk  
& Recorder

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

**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		

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.

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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.

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."

*J. Marston*

(signature of person making the statement)

02/03/11

(date)

YOUR NAME WAS SUBMITTED FOR FILING BY AN ENTITY THAT YOU REPRESENT

STATEMENT OF ECONOMIC INTERESTS TO BE FILED WITH THE COUNTY CLERK

Office or Position of Employment for which this statement is filed:

911 Board Member

TO: Steve Maroon  
1259 Dogwood Ave  
Neoga, IL 62447

Received

JAN 25 2012

Cumberland County Clerk  
& Recorder

Full Post office address to which notification of an examination of this statement should be sent if other than above

GENERAL DIRECTIONS

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Business Entity	Instrument of Ownership	Position of Management
NONE		

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*S. M. Moore*

01/19/12

(Signature of person making the statement)

(Date)



**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 \_\_\_\_\_

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

**STEVE MAROON**  
**911 BOARD MEMBER (CUMBERLAND COUNTY 911)**  
**1259 DOGWOOD AVE**  
**NEOGA IL 62447**

**Received**

**MAR 08 2013**

**Cumberland County Clerk  
& Recorder**

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

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Business Entity

Instrument of Ownership

Position of Management

NONE

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Name

Address

Type of Practice

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*SMurrow*

(signature of person making the statement)

02/06/13

(date)

Your Name Was Submitted [ ] by an Entity That You Represent [ ]

STEVE MAROON

(Name)

(Type or Print)

9-11-2013

(Each Office or Position of Employment for which this Statement is Filed)

STEVE MAROON  
911 BOARD MEMBER (CUMBERLAND COUNTY 911)  
1259 DOGWOOD AVE  
NEOGA IL 62447

Received

FEB 14 2014

Cumberland County Clerk  
& Recorder

1259 DOGWOOD AVE

(Full Post Office Address)

GENERAL DIRECTIONS

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Business Entity

Instrument of Ownership

Position of Management

NONE

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Name

Address

Type of Practice

NONE

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NONE

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NONE

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NONE

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NONE

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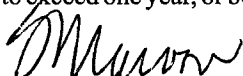
NONE

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

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(Signature of Person Making Statement)

02/13/14  
(Date)