2018 080421 2.0

STATEMENT OF ECONOMIC INTERESTS TO BE FILED WITH THE SECRETARY OF STATE



(Type or Hand Print Name and Address in the blank space)

		-				
		2		FILED		
				INDEX DEPARTMENT APR 2 0 2018		
	THE MILE OF STREET			IN THE OFFICE OF SECRETARY OF STATE		
REPRESENTATIVE :	IN THE GENER	RAL ASSEMBLY		SECRETARY OF THE		
(List each Office or Position o	of Employment for whi	ch this Statement is File	ed)			
	200.000		° a			
\$100 gr#		GENERAL DIREC	TIONS	, a a		
				of a spouse or any other party, shall be nent. Campaign receipts shall not be		
ncluded in this statement	t. If addir	If additional space is needed, please attach supplemental listing.				
excess of \$1,200 were de	erived during the p or if none, then by	receding calendar y	ear. (In the case	arket value or from which dividends in e of real estate, location thereof shall be and deposit in a financial institution, nor		
Busi	iness Entity	18	2	Instrument of Ownership		
NIA	ń					
1- [1-1						
	130					
* * * * * * * * * * * * * * * * * * *		- S (Sa)				
tatement was an officer	r, director, associa	ate, partner or prop	orietor or served	ation in which the person making the in any advisory capacity, from which		
tatement was an officer ncome in excess of \$1,20	r, director, associa	ate, partner or propring the preceding c	orietor or served	in any advisory capacity, from which		
tatement was an officer ncome in excess of \$1,20 Name	r, director, associa 00 was derived dur	ate, partner or propring the preceding c	orietor or served alendar year.	Type of Practice		
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tatement was an officer ncome in excess of \$1,20 Name	r, director, associa 00 was derived dur	ate, partner or propring the preceding c	orietor or served alendar year.	Type of Practice		
tatement was an officer ncome in excess of \$1,20 Name	r, director, associa 00 was derived dur	ate, partner or propring the preceding c	orietor or served alendar year.	Type of Practice		

 List the identity (including the address of \$5,000 or more was realized during t 	ss or legal description of he preceding calendar ye	real estate) of any ca ear.	pital asset from which a capital	l gai
NIA				
5. List the identity of any compensated association, including the name of the lobbying activity, and describing the generation is lobbying.	obbyist and specifying th	e legislative matter or	r matters which are the object of t or principal on whose behalf	of the
Lobbyist	Legislative Mat	ter	Client or Principal	
	190			
7747510, 77 g			*	
 List the name of any entity doing bu during the preceding calendar year other that entity. (In the case of real estate description.) No time or demand deposit 	er than for professional s e, location thereof shall	services and the title of be listed by street a nor any debt instrume	or description of any position he address, or if none, then by ent need be listed.	eld i
Entity			Position Held	
JEIU 73		Aaron Amm	ons Pres- Chapter	11
The Company of the Co				
980 80 80		200 (8)		
	•	, ⁽²⁾		
7. List the name of any unit of govern calendar year other than the unit or units				ding
Aaron O Ammons, A	Iderman U	rbana Cit	Council	
	8 a	£		
8. List the name of any entity from whice excess of \$500, was received during the			valued singly or in the aggregat	te in
NIA		2 5	5 9	20
	्र श			
	VERIFICA	TION	×	
"I declare that this statement of economexamined by me and to the best of my kinterests as required by the Illinois Government shall be a fine president any not to exceed one year, or be	knowledge and belief is emmental Ethics Act. I not to exceed \$1,000 (a true, correct and co understand that the p or imprisonment in a	implete statement of my econo benalty for willfully filing a false	mic e or

NOTE: This statement is to be filed in the Office of the Secretary of State, Ethics Section, Index Department, 111 East Monroe, Springfield, Illinois 62756