# 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)

William M. Mayer

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

DuPage Township - Township Supervisor

DuPage Township - Township Supervisor

LINGY SCHOLLTZ VOOTS

LINGS

STORY

LINGS

Full post office address to which nutification 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

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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DO NOT DETACH (WILL BE RETURNED AS YOUR RECEIPT)

Name:	William M. Mayer	
Each Office or Position of Em	nployment for which this Statement is Filed:	
		11280
	DuPage Township - Township Superv	visor 1
Full Post Office Address:		
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*	GENERAL DIRECTIONS	ε · · · · · · · · · · · · · · · · · · ·
the interest (ir constructively ne the same as the interest o	y controlled by the person making the statement) of the person making the statement. Compaign results	or a spouse or any other party shall be considere eipts shall not be included in this statement. If <b>n</b>
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V	t the identity (including address or legal description of real estate) of any capital asset from which a capital gain of \$5,000 or one was realized during the preceding calendar year:
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whi or o	t the name of any entity doing business with a unit of local government in relation to which the person is required to file, from ich income in excess of \$1,200 was derived during the preceding calendar year other than for professional services and the title description of any position held in that entity: (No time or demand deposit in a financial institution nor any debt instrument bed be listed.)
	t the name of any unit of government that employed the person making the statement during the preceding calendar year, other in the unit or units of government in relation to which the person is required to file:
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	the name of any entity from which a gift or gifts, or honorarium or honoraria, valued singly or in the aggregate in excess of 10, was received during the preceding calendar year:
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	0, was received during the preceding calendar year:

## Your Name Was Submitted For Filing by an Entity That You Represent STATEMENT OF ECONOMIC INTERESTS TO BE FILED WITH THE COU Name Each office or position of employment for which this statement is filed. Full post office address to which notification of an examination of this statement should be sent. General Disablons 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. Instrument of Ownership **Business Entity** 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.

NA

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 applied to a unit of local government in relation annexation, zoning of rezoning of real estate duperson filing to in excess of \$5,000 fair marke \$1,200 were received by the person filing from the	to which the person must f ring the preceding calen t value at the time of filir	ile for any license, tranchise or permit tor dar year if the ownership interest of the ig or if income or dividends in excess of
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New Comments	Wie	
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8. List the name of any entity from which a gaggregate in excess of \$500, was received durin	gift or gifts, or honorariug the preceding calendar	m or honoraria, valued singly or in the
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	VERIFICATION	
"I declare that this statement of economic interests examined by me and to the best of my knowle according interests as required by the Illinois Gov	edge and belief is a true	, correct and complete statement of m

"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 peniltentiary not to exceed one year, or both fine and imprisonment."

(signature of person making the statem (date)

Name: William M. Mayer		
Each Office or Position of Employr	nent for which this Statement is Filed:	
m g	*	11280
D	uPage Township - Township Supervisor	2009 WAY -5
		S P 2
Full Post Office Address:		ν η η η η η η η η η η η η η η η η η η η
	GENERAL DIRECTIONS	<u> </u>
person is required to file, in whete value, or from which divided location thereof shall be listed cial institution, nor any debt in Business Entity	of ownership in any entity doing business with a unit of hich the ownership interest held by the person at the dainds in excess of \$1,200 were received during the precedin by the street address, or if none, then by legal descriptionstrument shall be listed.  Instrument of Ownership	te of filing is in excess of \$5,000 fair mar- g calendar year: (In the case of real estate,
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Name NA	Address	Type of Practice
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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:
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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:
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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 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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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
- 1	eclare that this Statement of Economic Interests (including any accompanying schedules and statements) has been examined by me

	William M. Mayer		:	
Each (	Office or Position of Employment for whic	ch this Statement is Filed:	11280	
	DuPage	e Township - Township Supervisor	A 9: 48	
Compl	lete Residential Mailing Address:			
		GENERAL DIRECTIONS		
consi this s 1. L w o y	idered to be the same as the intestatement. If additional space is that the name and instrument of which the person is required to fill of \$5,000 fair market value, or frowear: (In the case of real estate description.) No time or demand	lled by the person making the statement) of a erest of the person making the statement. Camp is needed, please attach supplemental listing.  Ownership in any entity doing business with a unle, in which the ownership interest held by the person which dividends in excess of \$1,200 were reduced to the person of the person which dividends in excess of \$1,200 were reduced to the person of the person which dividends in excess of \$1,200 were reduced to the person of	naign receipts shall not be included in the included in the local government in relative in the date of filing is in experience during the preceding cale that address, or if none, then by	ded in ion to xcess endar legal
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si ir	Name	or, associate, partner or proprietor, or served in derived during the preceding calendar year:	Type of Practice  Type of Practice  ts of local government in relati \$5,000 was received for professional	which

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 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:  **Mathematical Research Services**  **Mathematical Research Services**  **List the name of 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 \$1,200 were received by the person filing from the entity during the preceding calendar year:  **Mathematical Research Services**  **List the name of 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.
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.)
	Call one Soles Executive
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.  A.A.
	VERIFICATION
exa inte	eclare that this Statement of Economic Interests (including any accompanying schedules and statements) has been amined by me and to the best of my knowledge and belief is a true, correct and complete statement of my economic erests as required by the Illinois Governmental Ethics Act. I understand that the penalty for willfully filling a false or complete statement shall be a fine not to exceed \$1,000, or imprisonment in a penal institution other than the nitentiary not to exceed one year, or both fine and imprisonment.
	4-29-10
	propagative of Person Making the Statement Date

Printed by Will County Records Management January 2010

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Name: William M. Mayer		·**
Each Office or Position of Employment for	which this Statement is Filed:	11280
DuPa	age Township - Township Supervisor	T D D C C C C C C C C C C C C C C C C C
Complete Residential Malling Address:		2
	7	
	GENERAL DIRECTIONS	
considered to be the same as the	trolled by the person making the statement) of interest of the person making the statement. Care is needed, please attach supplemental listi	impaign receipts shall not be included in
which the person is required to of \$5,000 fair market value, or year: (In the case of real es	of ownership in any entity doing business with of file, in which the ownership interest held by the from which dividends in excess of \$1,200 were state, location thereof shall be listed by the stand deposit in a financial institution, nor any debt	e person at the date of filing is in excess received during the preceding calendar reet address, or if none, then by legal
Business Entity  VA	Instrument of Ownership	Position of Management
statement was an officer, dire	type of practice of any professional organiza ector, associate, partner or proprietor, or serve as derived during the preceding calendar year:	ation in which the person making the d in any advisory capacity, from which
Name <i>WA</i>	Address	Type of Practice
which the person is required to	al services rendered (other than to the unit or of file) to each entity from which income exceeding calendar year by the person making the	ng \$5,000 was received for professional ne statement:

NA
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
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.)  Cacl One
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:
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

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.



### 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) Each Office or Position of Employment for which this Statement is Filed: 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. **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:

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:
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:
	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.)  Call One Saley Executive
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:
-	VERIFICATION
an Ill to	declare that this Statement of Economic Interests (including any accompanying schedules and statements) has been examined by me d to the best of my knowledge and belief is a true, correct and complete statement of my economic interests as required by the inois Governmental Ethics Act. I understand that the penalty for willfully filing a false or incomplete statement shall be a fine not exceed \$1,000, or imprisonment in a penal institution other than the penalty for willfully filing a false or incomplete statement shall be a fine not exceed \$1,000, or imprisonment in a penal institution other than the penalty for willfully filing a false or incomplete statement shall be a fine not exceed \$1,000, or imprisonment in a penal institution other than the penalty for willfully filing a false or incomplete statement shall be a fine not exceed \$1,000, or imprisonment in a penal institution other than the penalty for willfully filing a false or incomplete statement shall be a fine not exceed \$1,000, or imprisonment in a penal institution other than the penalty for willfully filing a false or incomplete statement shall be a fine not exceed \$1,000, or imprisonment in a penal institution other than the penalty filing a false or incomplete statement shall be a fine not exceed \$1,000, or imprisonment in a penal institution other than the penalty filing a false or incomplete statement shall be a fine not exceed \$1,000, or imprisonment in a penal institution other than the penalty filing a false or incomplete statement.

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

Name:    ide for Each Office or	Position of Employme	nt for which this Statement is Filed:	enson
			987
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Full Post Office	Address:	(Annual Control	
	.000	947	
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		GENERAL DIRECTIONS	
space is needed  1. List the name person is required.	the interest of the pe d, please attach suppleased instrument of o uired to file, in which	wnership in any entity doing business with a u	shall not be included in this statement.  nit of local government in relation to whe date of filing is in excess of \$5,000.
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Name: William M. Mayer

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

DuPage Township - Elected Township Supervisor



Complete Residential Mailing 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 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
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statement was an officer, director, ass	actice of any professional organization in v sociate, partner or proprietor, or served in a ed during the preceding calendar year:	which the person making the any advisory capacity, from which
Name VA	Address	Type of Practice
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	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 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:
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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:
9	List the name of any entity from which a gift or glifts, or honorarium or honoraria, valued singly or in the aggregate in excess of \$500, was received during the preceding calendar year:
	VERIFICATION

gnature of Person Making the Statem William M. Mayer

Date

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Name: William "Dill" M. M.	, (Type.or Print)	
William Dill W. W.	·	
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DuPage Township - So	ribervisor	立る声 い 一門
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. DO NOT DETACH (WILL BE RETURNED AS YOUR RECEIPT)

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Name: William "Bill	' M. Mayer	
Each Office or Position of En	ployment for which this Statement Is Filed:	
DuPage Towns	ship - Supervisor	HANGY SCHULTZ V 1285 WILL COUNTY, ILL 15001
Complete Residential Mailing	Address:	3
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statement was an off	ss and type of practice of any professional organicer, director, associate, partner or proprietor, or \$1,200 was derived during the preceding calend Address	r served in any advisory capacity, from which
3. List the nature of pro	fessional services rendered (other than to the un	nit or units of local government in relation to exceeding \$5,000 was received for professional

	gain of \$5,000 or more was realized during the preceding calendar year:
	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:
	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.)
	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:
	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:
Xi Iti	VERIFICATION  eclare that this Statement of Economic Interests (including any accompanying schedules and statements) has been amined by me and to the best of my knowledge and belief is a true, correct and complete statement of my economic erests as required by the Illinois Governmental Ethics Act. I understand that the penalty for willfully filing a false or omplete statement shall be a fine not to exceed \$1,000, or imprisonment in a penal institution other than the nitentiary not to exceed one year, or both fine and imprisonment.

Signature of Person Making the Statement William "Bill" M. Maver

Date

ame William "Bill" M. Mayer	38	
ach Office or Position of Employment for which this	Statement is Filed	T* )
DuPage Township - Supervisor		_ = 1 <del>5  </del>
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Business Entity	Instrument of Ownership	Position of Management
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Name	Address	Type of Practice
NA		
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List the nature of professional services r		hits of local government in relation to ding \$5,000 was received for professional
services rendered during the preceding		

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 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:
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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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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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ex in in	declare that this Statement of Economic Interests (including any accompanying schedules and statements) has been camined by me and to the best of my knowledge and belief is a true, correct and complete statement of my economic terests as required by the Illinois Governmental Ethics Act. I understand that the penalty for willfully filing a false or complete statement shall be a fine not to exceed \$1,000, or imprisorment in a penal institution other than the enitentiary not to exceed one year, or both fine and imprisorment.
	4-30-16

Person Making the Statement William "Bill" M. Mayer

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 William	M "Bill"	Mayer
Each office or position of employment for which this	s slatement is filed.	
Candidate for:	Supervisor (	DUPACE TOWNS
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Full post office address to which notification of an e	remigation of this at the mention (1911 have and	262
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Business Entity	Instrument of Ownership	Position of Management
Wrangler	Partnership	co-owner partner
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	ractice of any professional organization in ver or proprietor or served in any advisory ing calendar year.	
Name V A	Address	Type of Practice
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the person is required to file) to each er	es rendered (other than to the unit or units nity from which income exceeding \$5,000 year by the person making the statement.	

<ol> <li>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.</li> </ol>		
	_	
5. List the name of any entity and the nature of the governmental action requested by any entity which has applied unit of local government in relation to which the person must file for any license, franchise or permit for annexation, zo or rezoning of real estate during the preceding calendar year if the ownership interest of the person filing is in exces \$5,000 fair market value at the time of filing or if income or dividends in excess of \$1,200 were received by the perfiling from the entity during the preceding calendar year.	ning ss of rson	
	_	
6. List the name of any entity doing business with a unit of local government in relation to which the person is require file from which income in excess of \$1,200 was derived during the preceding calendar year other than for professi services and the title or description of any position held in that entity. No time or demand deposit in a financial institu- nor any debt instrument need be listed. A	ional	
7. List the name of any unit of government which employed the person making the statement during the prececalendar year other than the unit or units of government in relation to which the person is required to file.	eding	
<ol> <li>List the name of any entity from which a gift or gifts, or honorarium or honoraria, valued singly or in the aggregative excess of \$500, was received during the preceding calendar year.</li> </ol>	ate in	
VERIFICATION		
"I declare that this statement of economic interests (including any accompanying schedules and statements) has examined by me and to the best of my knowledge and belief is a true, correct and complete statement of my econ interests as required by the illinois Governmental Ethics Act. I understand that the penalty for willfully filing a fak incomplete statement shall be a fine not to exceed \$1,000 or imprisonment in a penal institution other than penitentiary not to exceed one year, or both fine and imprisonment."	romic ise or	

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

### 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)		
l <sup>lame:</sup> William "Bill" M. Mayer - 27	93	201 V	
ach Office or Position of Employment for which this <b>DuPage Township - Supervisor</b>	Statement is Filed:	APR 27 PM 1: 59  NCY SCHULTZ YOU'S  COUNTY CLERK COUNTY, ILLINOIS	
Complete Residential Mailing Address:		170021523	
Somplete Residential Mailing Address.			
	GENERAL DIRECTIONS		
<ol> <li>this statement. If additional space is not the name and instrument of owne which the person is required to file, in the of \$5,000 fair market value, or from calendar year: (In the case of real es</li> </ol>	of the person making the statement eeded, please attach supplemental list reship in any entity doing business with which the ownership interest held by which dividends in excess of \$1,2 tate, location thereof shall be listed	. Campaign receipts shall not be included	
Business Entity	Instrument of Ownership	Position of Management	
lerage	Partnership	co ounce patra	
<ol> <li>List the name, address and type of pra- statement was an officer, director, asso income in excess of \$1,200 was derive</li> </ol>	ociate, partner or proprietor, or serve	d in any advisory capacity, from which	
Name	Address	Type of Practice	
3. List the nature of professional services which the person is required to file) to e services rendered during the preceding	each entity from which income excee	eding \$5,000 was received for professional	

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:		
_		
_		
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:	
-		
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:	
_	NA	
_	VERIFICATION	
ex In In	declare that this Statement of Economic Interests (including any accompanying schedules and statements) has been kamined by me and to the best of my knowledge and belief is a true, correct and complete statement of my economic terests as required by the Illinois Governmental Ethics Act. I understand that the penalty for willfully filing a false or complete statement shall be a fine not to exceed \$1,000, or imprisonment in a penal institution other than the enitentiary not to exceed one year, or both fine and imprisonment.	

Signature of Person Making the Statement

Date

William "Bill" M. Mayer - 2793

\* 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 Will County Clerk www.thewillcountyclerk.com (815) 740–4628 MAYER, WILLIAM "BILL"

Filing Date: 4/17/2018 7:00:00 PM

### **Your Agency**

Code

Agency

Title

**DUPATW** 

**DUPAGE TOWNSHIP** 

SUPERVISOR

### **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: WRANGLER Instrument of Ownership: Partnership Position Of Management:

Partner Unit of Government: DUPAGE TOWNSHIP

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 than 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 to the person that the person the entity for professional services are likely and the person making the statement.

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