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

Name:						
ALAN SPESARD						*1685*
Each Office or Position of Employment for which thi	is Statement is Filed:					
COUNTY HIGHWAY ENGINEER, S	HELBY COUNTY GOVERNMENT					
		Transporter S	Tucazano	200	Christian Francis Francis	
		Lorenza Lorenze Lorenza Lorenze Lorenz	- Panaline	المسما	Facerons	Managamin Sala sami Salasasad
		reserved.	۸ِل	M 27	2014	
			CV su=lav	2021. Communi	N/L	
			\$2000			
Full Post Office Address: 1010 E. NORTHLAND DRIVE, SHELB	YVILLE, IL 62565					
	GENERAL DIRECTIONS					
The interest (if constructively controlled by the same as the interest of the person mak space is needed, please attach supplement	ing the statement. Campaign receipts s					
value, or from which dividends in excess	wnership interest held by the person at th s of \$1,200 were received during the pred street address, or if none, then by legal	e date of f ceding cale	iling is ir endar ye	n excess ar: (In the	of \$5,000 e case of	fair market real estate,
Business Entity	Instrument of Ownership		Po	sition of	Managen	nent
None						
List the name, address and type of pracofficer, director, associate, partner or proderived during the preceding calendar years.	oprietor, or served in any advisory capac					
Name	Address			Type of	Practice	
None						
3. List the nature of professional services person is required to file) to each entity during the preceding calendar year by the services.		was receiv	ed for p	rofession	al service	s rendered
Engineerin	the City of Shell	puvil	onul 10	SUV	ile:	to
		7				

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 aunit 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 of 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:
	Nore
	VEDICIOATION
	VERIFICATION
ar III ex	declare that this Statement of Economic Interests (including any accompanying schedules of 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 interest as required by the mois Governmental Ethics Act. I understand that the penalty for willfully filing a faise or incomplete statement shall be a fine not to sceed \$1,000, or imprisonment in a penal institution other than the penitentiary not to exceed one year, or both fine and apprisonment. 3-2-15
	Signature of Person Making Statement Date
	$oldsymbol{\circ}$

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

Name:		Secretaria de la composición del composición de la composición de la composición del composición de la composición de la composición del composición d
ALAN SPESARD		*1685*
Each Office or Position of Employment for which this COUNTY HIGHWAY ENGINEER, SH	ecomposited.	LED NO 03 2015 SHERW COUNTY CLERK
Full Post Office Address:		CO Despute
1010 E. NORTHLAND DRIVE, SHELBY	VILLE, IL 62565	
	GENERAL DIRECTIONS	
person is required to file, in which the own value, or from which dividends in excess of	g the statement. Campaign receipts shall al listing. ip in any entity doing business with a unit nership interest held by the person at the date of \$1,200 were received during the preceding eet address, or if none, then by legal design.	or any other party shall be considered to be not be included in this statement. If more of local government in relation to which the ate of filing is in excess of \$5,000 fair market ng calendar year: (In the case of real estate, scription.) No time or demand deposit in a
Business Entity Aore	Instrument of Ownership	Position of Management
List the name, address and type of praction officer, director, associate, partner or properties derived during the preceding calendar year.	prietor, or served in any advisory capacity,	ch the person making the statement was an from which income in excess of \$1,200 was
Name	Address	Type of Practice
3. List the nature of professional services reperson is required to file) to each entity during the preceding calendar year by the	from which income exceeding \$5,000 was	f local government in relation to which the received for professional services rendered

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 aunit 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 of 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: Unit of government is City of Shelbyville
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
ar Illi ex	declare that this Statement of Economic Interests (including any accompanying schedules of 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 interest as required by the nois 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 penitentially not to exceed one year, or both fine and apprisonment. Signature of Person Making Statement

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

Name:				TOTAL CONTROL OF THE PARTY OF T	
ALAN SPESARD					*1685*
Each Office or Position of Employment for which this Staten	nent is Filed:				
COUNTY HIGHWAY ENGINEER, SHELBY	COUNTY GOVERNMENT				
			December 1	S STANDARD S	1
			land land	Ever-	A CONTRACTOR OF THE PROPERTY O
		Carried A	1441 0 ~	9.64 <i>6</i> :	
			JAN 27	Z0!0	
			Olemin	DOY	
		<u>SI</u>	HERRY COUNT	CLERK	
Full Post Office Address:					
1010 E. NORTHLAND DRIVE, SHELBYVILLE	≣, IL 62565				
	GENERAL DIRECTIONS				
The interest (if constructively controlled by the perso	on making the statement) of a sp	ouse or any	other party sha	ıll be consi	dered to be
the same as the interest of the person making the space is needed, please attach supplemental listi	statement. Campaign receipts	shall not be	included in thi	s statemer	nt. If more
	•				
 List the name and instrument of ownership in a person is required to file, in which the ownership 	any entity doing business with a	unit of local	government in	relation to	which the
value, or from which dividends in excess of \$1,2	200 were received during the pre	eceding caler	ndar year: (In t	ne case of	real estate,
location thereof shall be listed by the street ac financial institution, nor any debt instrument shal	ddress, or if none, then by lega	description	.) No time or	demand o	deposit in a
	, ac notou.				
Business Entity	Instrument of Ownership		Position o	f Managen	nent
			· · · · · · · · · · · · · · · · · · ·		
			·		
2. List the name, address and type of practice of	any professional organization in	which the r	erson makina	the statem	ent was an
officer, director, associate, partner or proprietor					
derived during the preceding calendar year:					
Name	Address		Туре	of Practice	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
- 140NE					
2. List the nature of professional continue random	ad (athor there to the curit en cur	:£ .			lede Alexa
 List the nature of professional services render person is required to file) to each entity from v 	ed (other than to the unit or un which income exceeding \$5,000	nts of local (was receive	government in d for professio	relation to nal service	which the s rendered
during the preceding calendar year by the perso	n making the statement:		·		
- C : C : 1	·11 / / · 1	15			
- City of Shelby	ville - Civil	= Ng11	cering		
1		7	U		

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 aunit 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 of 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:
	City of Shelbyville
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
ai III e:	declare that this Statement of Economic Interests (including any accompanying schedules of statements) has been examined by me not to the best of my knowledge and belief is a true, correct and complete statement of my economic interest 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 to exceed \$1,000, or imprisonment in a penal institution other than the penitentiary not to exceed one year, or both fine and apprisonment. Signature of Person Making Statement Date
	Printed by authority of the State of Illinois. August 2007 - 80M - I-107.8

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

Name:

ALAN SPESARD

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

COUNTY HIGHWAY ENGINEER, SHELBY COUNTY GOVERNMENT

FULED
JAN 3 1 2017 D

Full Post Office Address:

1010 E. NORTHLAND DRIVE, SHELBYVILLE, IL 62565

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.

	Business Entity No 1	Instrument of Ownership	Position of Management
2.		ctice of any professional organization in which oprietor, or served in any advisory capacity, frear:	
	Name None	Address	Type of Practice
		rendered (other than to the unit or units of from which income exceeding \$5,000 was ree person making the statement:	
	J		

COMPLETE BUT DO NOT DETACH

This section will be returned to you when the Statement is filed with the County Clerk.

Office or Position of Employment for which this statement is filed COUNTY HIGHWAY ENGINEER, SHELBY COUNTY GOVERNMENT

Receipt is hereby acknowledged of your Statement of Economic Interests, filed pursuant to the Illinois Governmental Ethics Act. The Statement was filed on this date:

ALAN SPESARD 1010 E. NORTHLAND DRIVE SHELBYVILLE, IL 62565



SHEEDY COUNTY CLERK

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 aunit 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:
	16016
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 of 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: City of Shelbyville
3.	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 Illir exc	eclare that this Statement of Economic Interests (including any accompanying schedules of statements) has been examined by me do to the best of my knowledge and belief is a true, correct and complete statement of my economic interest as required by the nois Governmental Ethics Act. I understand that the penalty for willfully filing a false or incomplete statement shall be a fine not to cheed \$1,000, or imprisonment in a penal institution other than the penitentiary not to exceed one year, or both fine and perisonment.
	Printed by authority of the State of Illinois. August 2007 - 80M - I-107.8

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

	(Type of Fillity			
Name:			Marie	
ALAN SPESARD				*1685
Each Office or Position of Employment for which th	is Statement is Filed:			
COUNTY HIGHWAY ENGINEER, S	HELBY COUNTY GOVERNMENT	PARTIES OF THE PARTIE	MAR OT 2	The state of the s
		Š	SHERRY COUNTY C	óje Ísk
Full Post Office Address: 1010 E. NORTHLAND DRIVE, SHELB	YVILLE, IL 62565			
	GENERAL DIRECTIONS			
person is required to file, in which the ov value, or from which dividends in excess	ing the statement. Campaign receipts shatal listing. Thip in any entity doing business with a urwnership interest held by the person at the of \$1,200 were received during the preceitreet address, or if none, then by legal desired.	all not be incl it of local gov date of filing i ding calendar	vernment in relation s in excess of \$5,0 year: (In the case	nent. If more to which the 00 fair marke of real estate
Business Entity None	Instrument of Ownership	- -	Position of Manag	ement
2. List the name, address and type of prac officer, director, associate, partner or pro derived during the preceding calendar ye	ctice of any professional organization in wl oprietor, or served in any advisory capacity ar:	nich the perso , from which	on making the state income in excess of	ement was ar of \$1,200 was
Name	Address		Type of Practi	ce
Nore				
person is required to file) to each entity during the preceding calendar year by the	rendered (other than to the unit or units from which income exceeding \$5,000 was person making the statement:	of local gove s received for _+LQ	rnment in relation professional servi	to which the
	COMPLETE BUT DO NOT DETACH			

This section will be returned to you when the Statement is filed with the County Clerk.

Office or Position of Employment for which this statement is filed COUNTY HIGHWAY ENGINEER, SHELBY COUNTY GOVERNMENT

Receipt is hereby acknowledged of your Statement of Economic Interests, filed pursuant to the Illinois Governmental Ethics Act. The Statement was filed on this date:

TAR 0.7 200

ALAN SPESARD 1010 E. NORTHLAND DRIVE SHELBYVILLE, IL 62565

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 aunit 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 of 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: Ctype Sullyville
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:
an Illir ex	VERIFICATION eclare that this Statement of Economic Interests (including any accompanying schedules of 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 interest as required by the nois Governmental Ethics Act. I understand that the penalty for willfully filing a false or incomplete statement shall be a fine not to ceed \$1,000, or imprisonment in a penal institution other than the penitentiary not to exceed one year, or both fine and prisonment. 3 - 7-2018 Signature of Person Making Statement Date

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

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

Name:

ALAN SPESARD

1685

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

COUNTY HIGHWAY ENGINEER, SHELBY COUNTY GOVERNMENT



SHELBY COUNTY CLERK

Full Post Office Address:

1010 E. NORTHLAND DRIVE, SHELBYVILLE, IL 62565

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.

	Business Entity	Instrument of Ownership	Position of Management
	None		
2.		practice of any professional organization in which proprietor, or served in any advisory capacity, fro year:	
	Name	Address	Type of Practice
	None		
3.	manage to manythreal to file. The same and	es rendered (other than to the unit or units of lotity from which income exceeding \$5,000 was red the person making the statement:	

COMPLETE BUT DO NOT DETACH

This section will be returned to you when the Statement is filed with the County Clerk.

Office or Position of Employment for which this statement is filed COUNTY HIGHWAY ENGINEER, SHELBY COUNTY GOVERNMENT

Receipt is hereby acknowledged of your Statement of Economic Interests, filed pursuant to the Illinois Governmental Ethics Act. The Statement was filed on this date:



ALAN SPESARD 1010 E. NORTHLAND DRIVE SHELBYVILLE, IL 62565

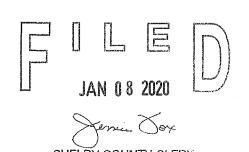
SHELBY COUNTY CLERK

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 aunit 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 of 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:
an Illi ex	VERIFICATION eclare that this Statement of Economic Interests (including any accompanying schedules of 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 interest as required by the nois Governmental Ethics Act. I understand that the penalty for willfully filing a false or incomplete statement shall be a fine not to ceed \$1,000, or imprisonment in a penal institution other than the penitentiary not to exceed only year, or both fine and prisonment. 1 - 24 - 19
	Printed by authority of the State of Illinois. August 2007 - 80M - I-107.8

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

	(Type or Prin	:)
Name:		
ALAN SPESARD		*1685
Each Office or Position of Employment for which thi		
COUNTY HIGHWAY ENGINEER, S	HELBY COUNTY GOVER	RNMENT
		FULED JAN 08 2020
		Janin Jay
		SHELBY COUNTY CLERK
Full Post Office Address: 1010 E. NORTHLAND DRIVE, SHELBY	YVILLE, IL 62565	
	GENERAL DIREC	TIONS
	e person making the statement grant	ent) of a spouse or any other party shall be considered to be n receipts shall not be included in this statement. If more
person is required to file, in which the ow value, or from which dividends in excess	mership interest held by the of \$1,200 were received du treet address, or if none, th	less with a unit of local government in relation to which the person at the date of filing is in excess of \$5,000 fair markering the preceding calendar year: (In the case of real estate en by legal description.) No time or demand deposit in
Business Entity	Instrument of Owr	ership Position of Management
None		
	prietor, or served in any adv	anization in which the person making the statement was an risory capacity, from which income in excess of \$1,200 was
Name	Address	Type of Practice
Non		
3. List the nature of professional services person is required to file) to each entity during the preceding calendar year by the	from which income exceedi	unit or units of local government in relation to which the ng \$5,000 was received for professional services rendered it: - Engineering Services
		<u> </u>
	OOMBI PTP DIE D	T DETACH
	COMPLETE BUT DO NO	I DETACH
This section will be returned to you when the Statement is filed with the County Clerk. Office or Position of Employment for which this state COUNTY HIGHWAY ENGINEER, SHELBY COUN	ement is filed	Receipt is hereby acknowledged of your Statement o Economic Interests, filed pursuant to the Illinois Governmental Ethics Act. The Statement was filed or this date:

ALAN SPESARD 1010 E. NORTHLAND DRIVE SHELBYVILLE, IL 62565



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 aunit 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 of 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: CHYOF Shelbyville
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 Illii ex	eclare that this Statement of Economic Interests (including any accompanying schedules of 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 interest as required by the nois Governmental Ethics Act. I understand that the penalty for willfully filing a false or incomplete statement shall be a fine not to ceed \$1,000, or imprisonment in a penal institution other than the penitentiary not to exceed one year, or both fine and prisonment. Signature of Person Making Statement Date

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