COUNTY OF KANE

John A. Cunningham

KANE COUNTY CLERK 719 S. Batavia Ave., Bldg. B Geneva, IL 60134



Election Department Phone: (630) 232-5990 Fax: (630) 232-5870 www.kanecountyelections.org

Receipt for Nominating Petition November 4, 2014 - 2014 General Election.

Receipt For: Robert G. Leible

40W652 N Blue Lake Cir.

arles, IL 60175
at 10:41:00 AM.
SANITARY TRUSTEE Party:
been received:
ment of Candidacy
y Oath
on Pages 1-7
pt for Economic Interest Statement (EIS)
THOMAS A. BIHUN
40 W612 BWE LASTE CIPCLEN, CAMPEN HILL
Yun Tavian
Deputy Clerk
John A. Cunningham - Kane County Clerk
Name and Title of Local Clerk/Secretary
M

Receipt for Notice of Obligation D-5

I hereby acknowledge receipt of the Notice of Obligation which outlines obligations and responsibilities under the Illinois Campaign Discolsure Act.

Date: 6-18-2014

Signature of Candidate or Agent

STATEMENT OF CANDIDACY

NONPARTISAN

NAME	ADDRESS-ZIP CODE	OFFICE	CITY, VILLAGE OR SPECIAL DISTRICT
Robert G. Leible	HOW 652 Blue Lake Circle N. Campton Hills, IL 60175	Trustee	Wasco Sanitary District

If required pursuant to 10 ILCS 5/10-5.1, complete the following (this information will appear on the ballot)
FORMERLY KNOWN AS UNTIL NAME CHANGED ON (List date of each name change)
STATE OF ILLINOIS County of Hane SS.
County of Hane
1, Robert G. Leible being first duly sworn (or affirmed), sa that lereside a
40W652 Blue Latte Circle N. in the City, Village, Unincorporated Area (circle one) of
Campton Hills (if unincorporated, list municipality that provides postal service) Zip Code 60175, in the
County of Hane, State of Illinois; that I am a qualified voter therein, that I am a candidate for Nomination
Election to the office of Trustee in the Wasco Sanitary District Name of City, Village or Special District
to be voted upon at the election to be held on November 4, 2014(date of election) and that I am legally qualified to
hold such office and that I have filed (or I will file before the close of the petition filing period) a Statement of Economic Interests
as required by the Illinois Governmental Ethics Act and I hereby request that my name be printed upon the official ballot for
Nomination/Election to such office.
Blet 15 Luile
(Signature of Candidate)
Signed and sworn to (or affirmed) by Pobert G. Leible before me, on 6-17-3014 (Name of Candidate) before me, on 6-17-3014
(Name of Candidate) (insert month, day, year)
Raseman Kasal
(SEAL) OFFICIAL SEAL (Notary Public's Signature)
ROSEMARY KASAL Notary Public - State of Illinois
My Commission Expires Jan 14, 2017

NONPARTISAN PETITION

SBE No. P-4

(NON-MUNICIPAL AND COMMISSION FORM OF MUNICIPALITY)			
We, the undersigned, qualified voters in the	1124500 SANITARY D	STRICT in the Cou	nty of
110.10	(unit of government)		•
election to the office hereinafter specifie	ois, do hereby petition that the following name ed, in the aforesaid unit of government, to	d person shall be a Nonpartis: be voted for at the election	an Candidate for
TUE. Nov 4, 2014 (date of ele	ection).		
NAME	OFFICE	ADDRESSZIP	CODE
	office WASCO SANITARY DIST,	1011652 Fu	IE LAKE
	title: TPISTEE	10 11	E LING
HOBERT G. LEIBLE	full term or year vacancy (circle one)	CAMPTONHILL	S.II 6017
If required pursuant to 10 ILCS 5/10-5.1,	complete the following (this information will a	ppear on the ballot)	•
FORMERLY KNOWN AS	UNTIL NAME CHANG	SED ON	
(List all name	s during last 3 years)	(List date of each r	name change)
NAME (VQTER'S SIGNATURE)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
(VOTER 3 SIGNATURE)	KR NOWIBER		COUNTY
1 pour there	HOWEID DUE LAKE GR	CAMPTON HILLS IL	KANB
2' Hou Kable	40W652 N. Blue lakelinde	Campton Hills	Kane
3 W, Bruch Somples	40N664 NI Blue lacke Cip	la Congoton failla	Kows
Henda Myylis	40W664N Due lake Gr	Caryston Hells	Kane
5 y was allen	40W584 Plue Lake Cor W	CAMPTON HILLS IL	FANE
6 2-700	40NJ84 BONE MEN	CAMPTON HALS IL	KANE
7 Assa J. Kefe	40W574 Blue Lake Cro	Congston Helle IL	Keine
8 AughB. Kyle	40W 574 Blue Lake Cir.	Campton Hills IL	Kane
9 Hut Kyl	40 w 574 Blue Lake Circle	Campton Hills IL	Kane
10 Joy Hand	4N731 E. Blue Lake Circle	CAMPION HILLS	KANE
State of ILLINOIS)		
County of KANE	ss.		
Transfer 1 B. 44 (A)	do hereby certify that I reside at <u>400</u>	1612 Bus / 11	= (0 MOLE
(Çirculator's Name)	do hereby certify that reside at _/O/	(Street Address)	There,
(City Village Unincorporated Area)	of(if unincorporated, list municipality that	nrovides nostal service)	(Zip Code)
County of SANE, State	of TUNDIS that I am 18 years	s of age or older, that I am a citi	zen of the United
States, and that the signatures on this she	et were signed in my presence, not more that est of my knowledge and belief the persons s	n 90 days preceding the last d	ay for filing of the
registered voters of the political division in v	which the candidate is seeking elective office, a	and that their respective resider	ices are correctly
stated, as above set forth.	Just	us all while	~
	1 01	(Circulator's Signature)	
Signed and sworn to (or affirmed) by	homas A. Behun	_ before me, on	14, 2014.
	(Name of Circulator)	(insert mont	h, day, year)
SEAL	<u>(a</u>	Thy A Theya	V
Official Seal	3	(Notary Public's Signature)	0.50

Cathy A Myatt
Notary Public State of Illinois
My Commission Expires 07/19/2014

SHEET NO. / OF /

Suggested Revised May, 2009

NONPARTISAN PETITION (NON-MUNICIPAL AND COMMISSION FORM OF MUNICIPALITY)

SBE No. P-4

We, the undersigned, qualified voters in the WASCO SANITARY DISTRICT in the County of (unit of government) ANE and State of Illinois, do hereby petition that the following named person shall be a Nonpartisan Candidate for election to the office hereinafter specified, in the aforesaid unit of government, to be voted for at the election to be held on TUE: Nov4, 2014 (date of election).				
NAME	OFFICE	ADDRESSZIP	CODE	
ROBERT G. LEIBLE	office WASO SANITARY DE title: full term or year vacancy (circle one)	HOW 652 BOUE CIRCLE N AMPTON HILLS, I		
If required pursuant to 10 ILCS 5/10-5.1	, complete the following (this information will a	appear on the ballot)		
FORMERLY KNOWN AS(List all name	UNTIL NAME CHANGES during last 3 years)	GED ON(List date of each i	name change)	
NAME (VOTER'S SIGNATURE)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY	
1 Knis Llonard	4N731 E. Blue Lake Cir	Campton Hillsin	Kane	
2 Michal Pollin	40W5YB Settlawent Dr	Compton Hilk 1	Kane	
3 Cynthia Knahl	40 W548 Settlement	Campfan Hills IL	Kane	
4 dry Urual	4N656 Old Latry Rd.	Campton Helle 1L	Kare	
5 Kyan Ray Syste	4 Nuzla Old Lafox Rd.	Compton tills IL	Kane	
6 Meliany	4NIezle Oldleby Vd.	Cander till !!	Kane	
1 /m/ound	TIVGOS OLD LAFOFRS	CHUPTON FA USIL	MANE	
8 May Totman	4N606 Old Latox Rd	Campton Hills IL	Kane	
9 Km	4N627 Wy Lake, &	Campton HillS IL	1997 ×	
10 Column	4N627 Blue labolit	Campton Hills IL	Kane	
State ofState of)) SS.			
County of KANE)		Dans	
(Circulator's Name)	do hereby certify that I reside at 46	(Street Address)	E GROLL	
	of(if unincorporated, list municipality that		(7in Codo)	
County of KANE, State	of TTLANO(S that I am 18 year	s of age or older, that I am a cit		
petitions and are genuine and that to the b	eet were signed in my presence, not more that best of my knowledge and belief the persons s	so signing were at the time of si	gning the petition	
registered voters of the political division in stated, as above set forth.	which the candidate is seeking elective office,	and that their respective reside	aces are correctly	
	- 100	(Circulator's Signature)		
Signed and sworn to (or affirmed) by	HOMAS A BIHWW (Name of Circulator)	before me, on Will libert month	42014.	
MARKARA A A A A A A A A A A A A A A A A A	(Name of Circulator)	Al Angelia	ii. day, year)	
Official Seal		(Notary Public's Signature)		
Cathy A Myatt Notary Public State of Illinois My Commission Expires 07/19/2014	SHEET NO. 3 OF 7	U U		

Suggested Revised May, 2009

SBE No. P-4

NONPARTISAN PETITION (NON-MUNICIPAL AND COMMISSION FORM OF MUNICIPALITY)

We, the undersigned, qualified voters in th	(unit of government)		<i></i>
election to the office hereinafter specific	ois, do hereby petition that the following name ed, in the aforesaid unit of government, to		
TOE, Nov. 4, 2014 (date of ele	ection).		
NAME	OFFICE	ADDRESSZIP	CODE
	office LUASCO SWITARY DIST	4AW652 BWE	
KOBET G. LEIBLE	title: TRUSTEE	CIRDLE N	
Market 9.15	full term or year vacancy (circle one)	CAMPTON HILLS	IL 60/75
If required pursuant to 10 ILCS 5/10-5.1	, complete the following (this information will ap	opear on the ballot)	
FORMERLY KNOWN AS	UNTIL NAME CHANG	GED ON	
(List all name	es during last 3 years)	(List date of each	name change)
NAME (VOTER'S SIGNATURE)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1 Roger Tipselt		Campton Hills IL	Kane.
2 Dike Henry	4N708 Blue Lake Cir	Campton Halls IL	Kana
3 H L MA	ANIOGO BLue lake GA E	Campton Hills IL	Kane
4 Soudradole	ANGEBLUI aKECINE	Campton Hill311	Yane
5 Machelle Dantenino	401N757FOXCVERKDY	Campton Hills 1	Rane
6 Phillip Loans	40W811 Fox Creekza	Campton Hills 1	Kone
7 Color Suit	40W817 FOX CRECKED	CAMPTOS HILLS IL	KANE
8 Kin Melahi	484937 FOX CKERLOK	CAMPONTIE IL	LANE
9/ 1/201	fowers Fox crosp Dr	CAMPTON HILLS IL	KNt
10 Lane which	40WSG Fox Creek Dr.	Campton Hills IL	Kane
State of ICUNOS)		
County of KANE) SS.)		
THOUAS A. BIHUN	do hereby certify that I reside at 40 a		E GRUE
n the (Circulator's Name)	of	(Street Address)	0175
(Oit/Village/Unincorporated Area) County of Katvic , State	(if unincorporated, list municipality that pof LINOS that I am 18 years	provides postal service) s of age or older, that I am a citi	(Zip Code) izen of the United
States, and that the signatures on this she	eet were signed in my presence, not more than best of my knowledge and belief the persons so	n 90 days preceding the last da	ay for filing of the
registered voters of the political division in	which the candidate is seeking elective office, a		
stated, as above set forth.	Hou	1 / Delle	
_	111011AC 1 B.111 141	ator's Signature	11/ 2011/
Signed and sworn to (or affirmed) by/	(Name of Circulator)	before me, on Vinsert monti	h, day, year)
5^^(9E4Y)^^	· (At	thy Athun	M
Official Seal Cathy A Myatt		(Notary Public's Signature)	
Notary Public State of Illinois My Commission Expires 07/19/2014	SHEET NO. 3 0 F 1		

Suggested Revis

NONPARTISAN PETITION

sea	IVI	ау, д	2009	
SI	RE	No	P-4	

(NON-MUNICIPAL AND COMMISSION FORM OF MUNICIPALITY) We, the undersigned, qualified voters in the WASCO SANITARY DISTRICT (unit of government) and State of Illinois, do hereby petition that the following named person shall be a Nonpartisan Candidate for election to the office hereinafter specified, in the aforesaid unit of government, to be voted for at the election to be held on Nov. 4 2014 (date of election). **OFFICE** ADDRESS--ZIP CODE NAME DIST. office WASCO CAMPTON HILLS, IL 6017 full term or year vacancy (circle one) If required pursuant to 10 ILCS 5/10-5.1, complete the following (this information will appear on the ballot) UNTIL NAME CHANGED ON FORMERLY KNOWN AS (List all names during last 3 years) (List date of each name change) STREET ADDRESS OR CITY, TOWN OR NAME RR NUMBER VILLAGE (VOTER'S SIGNATURE) COUNTY 10 State of SS. County of 4UN do hereby certify that I reside at Area) (if unincorporated, list municipality that provides postal service) (Zip Code)
State of that I am 18 years of age or older, that I am a citizen of the United (City Village/Unincorporated Area) County of States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition registered voters of the political division in which the candidate is seeking elective office, and that their respective residences are correctly stated, as above set forth. (Circulator's Signature) Signed and sworn to (or affirmed) by before me, on (Name of Circulator) (insert month, dáy, year) (SEAL) //(Notary Public's Signature) Official Seal SHEET NO. 4

Cathy A Myatt Notary Public State of Illinois My Commission Expires 07/19/2014

Suggested Revised May, 2009 SBE No. P-4

NONPARTISAN PETITION (NON-MUNICIPAL AND COMMISSION FORM OF MUNICIPAL ITY)

We, the undersigned, qualified voters in the	WASCO SANITARY DIS	STRICT in the Cou	inty of
and State of Illino election to the office hereinafter specified TUE, Nov. 4, 2014 (date of election)	(unit of government) ois, do hereby petition that the following named, in the aforesaid unit of government, to ection).	_1	
:			
NAME	OFFICE	ADDRESSZIP	CODE
2. (13-	office WASCO SANITARY DIST.	40 W652 BWE	
POSERT G. LEIBLE	title: TRUSTEE	CIRCLE N,	_,_
,	full term or year vacancy (circle one)	CAMPTONHILLS	,IZ6017
If required pursuant to 10 ILCS 5/10-5.1,	complete the following (this information will a	appear on the ballot)	
FORMERLY KNOWN AS	UNTIL NAME CHAN	GED ON	
(List all name	s during last 3 years)	(List date of each	name change)
NAME	STREET ADDRESS OR	CITY, TOWN OR	
(VOTER'S SIGNATURE)	RR NUMBER	VILLAGE	COUNTY
Jenny Rewhich	3N369KAFOXRd	Campton Hill	Kany
2 Han Down newh	3N369 LaFOX Pd.	Campton Hells IL	Kane
3 GUNGY Tilenge	40W080 Emily Dickingin	Campton-Hills 1	Kane
4 Juneal Bay	40W080 Emily Dickinson Lr	Compton Hills IL	Kane
5 Mys 6/1/2	GOWO80 Enty Diskussil	Countai Hille IL	Kone-
6 July Gino Scrib	and 402060 Emily Dickinson in	Campton Holls IL	Lone.
Medelle Sixes	House Eming DICKNEONL	Canston the 11s 1	Lan
8 Mury Johnston	3N910 Emily Dickinson Cn.	Carpton Hills IL	Kane
9	301910 Emu Jecusante.	CAMPION Hous IL	KANC
10 Tay Hondin	- BNSGD Emly Didenson LA	Canpton Hills IL	KANK
State of ILLIHOIS)	(1)11/2 12	NAC
County of Cook	SS.		
1. (AURA B ANDERSEN)	210	302 C. (N. ()	/
(Circulator's Name)	do hereby certify that I reside at 3N 8	(Street Address)	on CANE.
(City/Village/Unincorporated Area)	(if unincorporated, list municipality that	,	60175
States, and that the signatures on this shee	that I am 18 years	s of age or older, that I am a citi	
stated, as above set forth.	hich the candidate is seeking elective office	and that their respective residen	ces are correctly
	ens	(Circulator's Signature)	
Signed and sworn to (or affirmed) by Lav	Ira B Andersen	_ before me, on _ 6 - 14 -	_
	(Name of Circulator)	(insert month	n, day, year)
(SEAL) "OFFICIAL SEA	L"	Elena Bels	ujaui'
ELENA BELSUZAR NOTARY PUBLIC, STATE OF	IRI	(Notary Public's Signature)	,
MY COMMISSION EXPIRES (

Suggested Revised May, 2009 SBE No. P-4

NONPARTISAN PETITION (NON-MUNICIPAL AND COMMISSION FORM OF MUNICIPALITY)

We, the undersigned, qualified voters in the	//Aco SANITARY DIST	AICT in the Count	h, of
11.15	(unit or government) s, do hereby petition that the following name , in the aforesaid unit of government, to	in the Council in the Council in the Council in the Council in the Property in the Property in the Property in the Council in	an Candidate for
NAME	OFFICE	ADDRESSZIP	CODE
	ffice MASCO SANITARY DIST tle: TAUSTEE (full term or year vacancy (circle one)	LACUE N CAMPTON HILLS;	LAKE FL 60175
FORMERLY KNOWN AS	omplete the following (this information will apund until NAME CHANG during last 3 years)		name change)
NAME (VOTER'S SIGNATURE)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1 Mathew oldvan	40W848 Ellis Johnson La	Campton Holb 11	Kane
2 Heather Betting	40W634 Blue Lake Cir	Campton Hills IL	Kare
3 Leborah Kronery	40 W897 Fay Creek Dr	Compton Helly	Kane
4 Millogne	40 W 897 FOX CROOK Dr.	CAMPTON HILGIL	KANS
5 Herald Brayer	40 w 917 Fox Greek Dr	Campton Hills "	Kane
6 Christine Brauer	40W917 Fox Creek Da	Campton Hills "	Kane
1 Robert S. Luble	40WG52 Blue Lake Cir. N	Campton Hills IL	Hans
8 Ericheille	40 w 652 Blue Lake Cir N	campton Hills IL	Kane
9		IL.	
10		IL	
County of KANE County of KANE (Circulator's Name) (City Village/Dnincorporated Area)) SS.) do hereby certify that I reside at	provides postal service)	(Zip Code)
State of States, and that the signatures on this sheet petitions and are genuine and that to the best registered voters of the political division in what as above set forth.	were signed in my presence, not more that st of my knowledge and belief the persons so aich the candidate is seeking elective office, a	o signing were at the time of sign of that their respective resider	ay for filing of the gning the petition
Signed and sworn to (or affirmed) by	(Name of Circulator)	before me, on (insert mont)	14, 2014 h, day, year)
Official Seal Cathy A Myatt Notary Public State of Illinois My Commission Expires 07/19/201	SHEET NO. 6 0 F 7	(Notary Public's Signature)	WW

Suggested Revised May, 2009 SBE No. P-4

NONPARTISAN PETITION (NON-MUNICIPAL AND COMMISSION FORM OF MUNICIPALITY)

We, the undersigned, qualified voters in the		57RICT in the Cou	unty of
and State of Illino	(unit of government) is, do hereby petition that the following name	4 8 80	
TUE, Nov. 4 2014 (date of ele	 d) hereby petition that the following named, in the aforesaid unit of government, to ction). 	be voted for at the election	n to be held on
•			
NAME	OFFICE	ADDRESSZIP	CODE
	office WASCO SANITARY DIST.	40 W652 BLUE	ELAKE
POSERT VILLETIBLE	title: TRUSTEE	CIRCLE N,	
15	full term or year vacancy (circle one)	CAMPTONHILL	5, IZ60175
	complete the following (this information will a	appear on the ballot)	
FORMERLY KNOWN AS	UNTIL NAME CHANG		
	during last 3 years)	(List date of each	name change)
NAME (VOTER'S SIGNATURE)	STREET ADDRESS OR	CITY, TOWN OR	
1 (VOTER O GIGNATORE)	RR NUMBER	VILLAGE	COUNTY
Chara M. Chuis	3N869 Emily Dickinson	Campton Hills 11	Kare
2 Forgreen English	3NBGG EMILY DICKINSON	CAMP FOR 14:115 IL	MANG
- Call School	31870 Enily Diction	Georphen Hills 11	Kune
4 May of the	3N840 Emily Dackenson Ln	Camptonshills IL	Kane
	3N FOR EMAY DICKESON CN.	CAMPRON / tus IL	KANE
6 Thans John	3N 259 Emily Dickinson	CANGED HESSEL	Rano
Though & Kieleto	3N859 Entiry Ockben	Coupton HAC DIL	18AWW
8	0	S PL	18
9		SI IL	AM
10		E ZIL	<u> </u>
State of 144/No 15)	* 1	*
County of KANE) SS.		
ThomasJJASSOCX	do horoby postification of the state of TA.C.		1 22 5
in the (Circulator's Name)	do hereby certify that I reside at 308	(Street Address)	in Conc.
(Gity/Village/) Unincorporated Area)	(if unincorporated, list municipality that r	provides postal service)	(Zip Code)
States, and that the signatures on this shoot	that I am 18 years	of age or older, that I am a citi	zen of the United
petitions and are genuine and that to the best registered voters of the political division in what stated, as above set forth.	st of my knowledge and belief the persons so	signing were at the time of sign	ay for filing of the gning the petition
stated, as above set forth.	our distance is seeking elective office, a	ind that their respective residen	ices are correctly
\wedge	1 more	(Circulator's Signature)	
Signed and swom to (or affirmed) by	ranion Jossas	_before me, on	15th 2014
A-/9EAL)	(Name of Circulator)	(insert mont)	n, day, year)
OFFICIAL SEAL		or in white his	se
A MORE M ROBERTS IACCOM	SHEET NO. TOF 7	(Notary Public's Signature)	0
MOTANY PUBLIC - STATE OF ILLINOIS	OHELI NO.		

EIS Unline Page 1 of 2



Statement of Economic Interests

Filed with the Kane County Clerk www.co.kane.il.us/coc (630) 232-5950

LEIBLE, ROBERT

Filing Date: 3/27/2014

8:07:09 AM

Your Unit of Government

Code

Agency

Title

KC10

AURORA CITY

ASST SUPT WATER PRODUCTION

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 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 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: N/A

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 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 to file) and the nature of the entity to which they were rendered if fees exceeding \$5,000 were received during the preceding calendar year from the entity for professional services rendered by the person making the statement. ("Professional services" means services rendered in the practice of law, accounting, engineering, medicine architecture dentistry, or clinical psychology.)

ANSWER: N/A

: COUNT 4. List the identity (including the address or legal description of real estate) of any capital asset from which a popular gain of \$5,000 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 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:

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 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 name of any entity from which a gift or gifts, or honorarium, valued singly or in the aggregate in excessive of \$500, was received during the preceding calendar year.

ANSWER: N/A

CAME COUNTY CLERK