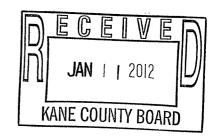
County of Kane Office of County Board Kane County Government Center



Karen McConnaughay Chairman 630-232-5930



719 Batavia Avenue Geneva, Illinois 60134 Fax 630-232-9188

DOCUMENT VET SHEET

for Karen McConnaughay Chairman, Kane County Board

Name of Document:	Affidavit for Equitable Sharing Agreement Report for 2011		
Submitted by: Date Submitted:	Eloise Fara, SAO Ext 82124 (Please call when complete, I will pick it up.)		
Examined by:	Joe McMahon, State's Attorney (Print name) (Signature)		
	(Date)	Acceptable (1997)	
Post on Web:	Yes No Atty. Initials		
Comments:			
Chairman signed:	Yes No 1/12/2012 (Date)		
Document returned	l to:Rev. 3/11		

Affidavit - Existing Participant

Under penalty of perjury, the undersigned officials certify that **they have read and understand their obligations under the Equitable Sharing Agreement** and that the information submitted in conjunction with this Document is an accurate accounting of funds received and spent by the Agency under the *Justice* and/or *Treasury Guides* during the reporting period and that the recipient Agency is in compliance with the National Code of Professional Conduct for Asset Forfeiture.

The undersigned certify that the recipient Agency is in compliance with the nondiscrimination requirements of the following laws and their Department of Justice implementing regulations: Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d *et seq.*), Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 *et seq.*), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794), and the Age Discrimination Act of 1975 (42 U.S.C. § 6101 *et seq.*), which prohibit discrimination on the basis of race, color, national origin, disability, or age in any federally assisted program or activity, or on the basis of sex in any federally assisted education program or activity. The Agency agrees that it will comply with all federal statutes and regulations permitting federal investigators access to records and any other sources of information as may be necessary to determine compliance with civil rights and other applicable statutes and regulations.

During the past fiscal year: (1) has any court or administrative agency issued any finding, judgment, or determination that the Agency discriminated against any person or group in violation of any of the federal civil rights statutes listed above; or (2) has the Agency entered into any settlement agreement with respect to any complaint filed with a court or administrative agency alleging that the Agency discriminated against any person or group in violation of any of the federal civil rights statutes listed above?

Yes

No

If you answered yes to the above question, complete Table I

Agency Head See ¶ 2 on page	Governing Body Head See ¶ 2 on page
Signature	Signature: M. Command
Name: Joseph H. McMahon	Name: Karen Mcconnaughay
Title: State's Attorney	Title: County Board Chairman
Date:	Date: 1-12-12
Subscribe to Equitable Sharing Wire: faraeloise	@co.kane.il.us

Final Instructions:

Step 1: Click to save for your records Step 2: Click to save in XML format

The Equitable Sharing Wire is an electronic newsletter that gives you important, substantive, information regarding Equitable Sharing policies, practices, and procedures.

Step 3: E-mail the XML file to aca.submit@usdoj.gov Step 4: Fax THIS <u>SIGNED</u> PAGE ONLY to (202) 616-1344

FOR AGENCY USE ONLY Entered by Entered on O FY End: 11/30/2011	Date Printed: December 14, 2011 14:31	
	Agency: KANE COUNTY STATE'S ATTORN	NEY'S OFFICE Phone: 630.406.7353
State: IL Contact: Jo	oseph McMahon E-	-mail: dechristopherchristy@co.kane.il.us



Equitable Sharing Agreement and Certification



	Police DepartmenProsecu	t			(Complete Table A, p	oage2)
	Agency Name: KANE	COUNTY STATI	E'S ATTOR	NEY'S OFFI	CE	
	NCIC/ORI/Tracking N	umber: I L 0	4 5 0	1 3 A		
	Street Address: 37W7	77 ROUTE 38 SU	ЛТЕ 300			·
	City: ST. CHARLES			_ State: ${ m IL}$	Zip: 60175	
	Contact: Title: State's A	Attorney First:	Joseph		Last: McMahon	
	Contact: Phone: <u>630.40</u>	06.7353	E-mail:	dechristophe	erchristy@co.kane.il.us	
	Same as Preparer: First	: Eloise		Last: Fa	ara	
Contact Preparer: Phone: 630.208.2124 E-mail: faraeloise@co.kane.il.us						
	Last Fiscal Year End:	11/30/2011	lgency Cu	rrent Fiscal \	Year Budget:	\$8,359,675.00
	New Participant:	Read the Equitable S	Sharing Agre	ement (page 4)	and sign the Affidavit (pag	je 5)
	Existing Participant:	Complete the Annua		on Report, read t	the Equitable Sharing Agre	ement (page 4),
	Amended Form:	Revise the Annual C and sign the Affidav		eport, read the	Equitable Sharing Agreem	ent (page 4),

Annual Certification Report

	Summary of Equitable Sharing Activity	Justice Funds ¹	Treasury Funds ²
1	Beginning Equitable Sharing Fund Balance (must match Ending Equitable Sharing Fund Balance from prior FY)	\$0.00	\$0.00
2	Federal Sharing Funds Received	\$23,562.60	\$0.00
3	Federal Sharing Funds Received from Other Law Enforcement Agencies and Task Forces (complete Table B, page 2)		
4	Other Income	\$0.00	\$0.00
5	Interest Income Accrued Non-Interest Bearing Interest Bearing Inte	\$38.55	\$0.00
6	Total Equitable Sharing Funds (total of lines 1 - 5)	\$23,601.15	\$0.00
7	Federal Sharing Funds Spent (total of lines a - m below)	\$0.00	\$0.00
8	Ending Balance (difference between line 7 and line 6)	\$23,601.15	\$0.00

¹ Justice Agencies are: FBI, DEA, ATF, USPIS, USDA, DCIS, DSS, and FDA.

² Treasury Agencies are: IRS, ICE, CBP, USSS, and USCG.

b	Total spent on overtime	\$0.00	\$0.00
С	Total spent on informants, "buy money," and rewards	\$0.00	\$0.00
d	Total spent on travel and training	\$0.00	\$0.00
е	Total spent on communications and computers	\$0.00	\$0.00
f	Total spent on weapons and protective gear	\$0.00	\$0.00
g	Total spent on electronic surveillance equipment	\$0.00	\$0.00
h	Total spent on buildings and improvements	\$0.00	\$0.00
i	Total transfers to other state and local law enforcement agencies (complete Table C, page 2)		
j	Total spent on other law enforcement expenses (complete Table-D, page 3)		-
k	Total Expenditures in Support of Community-based Programs (complete Table E, page 3)		
ı	Total Windfall Transfers to Other Government Agencies (complete Table F, page 3)		
	Total spent on matching grants (complete Table G, page 3)		
m			
n o	Did your agency receive non-cash assets? Yes No If yes	\$0.00 , complete Table H, pa	\$0.00 age 3.
n o e fill o			L
n o e fill o	Did your agency receive non-cash assets? Yes No If yes out the following tables, if applicable.	, complete Table H, pa	L
n o e fill o	Did your agency receive non-cash assets? Yes No If yes out the following tables, if applicable.	, complete Table H, pa	age 3.
n o e fill o A: M Ager	Did your agency receive non-cash assets? Yes No If yes out the following tables, if applicable.	, complete Table H, pa	age 3.
n o e fill c A: M Ager B: Ec al the Tran	Did your agency receive non-cash assets? Yes No If yes out the following tables, if applicable. Itembers of Task Force ncy Name quitable Sharing Funds Received from other Agencies amount transferred to each agency on separate lines	, complete Table H, pa	ORI/Tracking Number
n o e fill c A Ager e B: Ec al the Tran	Did your agency receive non-cash assets? Yes No If yes out the following tables, if applicable. Itembers of Task Force Incy Name Quitable Sharing Funds Received from other Agencies amount transferred to each agency on separate lines asferring Agency Name, City, and State	, complete Table H, pa	ORI/Tracking Number
n o e fill con Agence NCIC/O	Did your agency receive non-cash assets? Yes No If yes out the following tables, if applicable. Iembers of Task Force Incy Name quitable Sharing Funds Received from other Agencies Is amount transferred to each agency on separate lines Instance of State Incy Name:	Justi	ORI/Tracking Number
n o e fill con Ager al the Tran Agence Al the Received Received Agence A	Did your agency receive non-cash assets? Yes No If yes out the following tables, if applicable. lembers of Task Force ncy Name quitable Sharing Funds Received from other Agencies amount transferred to each agency on separate lines isferring Agency Name, City, and State y Name: ORI/Tracking Number: quitable Sharing Funds Transferred to Other Agencies amount transferred to each agency on separate lines	Justi	ORI/Tracking Number

Justice Funds

\$0.00

Treasury Funds

\$0.00

Summary of Shared Monies Spent

one year employees Refer to § VIII.A.2.a.3 of the Justice Guide

Total spent on salaries for new, temporary, not-to-exceed

le D: Other Law Enforcement Expenses		
Description of Expense	Justic	e Funds Treasury Fun
	·	
le E: Expenditures in Support of Community efer to § VIII.A.1.m and Appendix C of the <i>Justic</i> Recipient	ide	e Funds
le F: Windfall Transfers to Other Government efer to § VIII.A.1.n of the <i>Justice Guide</i> and pp. 2	of the <i>Treasury Guide</i>	e Funds Treasury Fun
Recipient	Justic	e Funds Treasury Fun
	JIL	
e G: Matching Grants efer to § VIII.A.1.h of the Justice Guide and p. 22 Matching Grant Name	•	e Funds Treasury Fun
Matching Grant Name	Justic	e runus Treasury run
le H: Other Non-Cash Assets Received		
Source Description of Asset Justice		
Treasury		
<u>L</u>		
le I: Civil Rights Cases		
Name of Case	Type of Discri	mination Alleged
	☐ Race ☐ Color	National Gende
	Disability Age	Other
	<u> </u>	
Paper	rk Reduction Act Notice	
•		lastian of information
Under the Paperwork Reduction Act, a unless it displays a valid OMB control of		
that impose the least possible burden o		
form is 30 minutes. If you have commo		

making this form simpler, please write to the Asset Forfeiture and Money Laundering Section, Program Operations Unit, 1400 New York Avenue, N.W., Tenth Floor, Washington, DC 20005.