LEASE FOR LEGISLATIVE DISTRICT OFFICE SPACE

THIS L	EASE is made between VIII 99 of Romcoville 1050 w Romco Rd. Romcoville ("LESSOR") (Name, Address, Zip Code)
("REPR	Illinois House of Representatives ("LESSEE") by its agent, State Representative Natalic Manley ESENTATIVE"), not individually but in his or her official capacity, pursuant to the General Assembly Compensation Act, 25 15/1, et seq.
ARTIC	LE I. PREMISES AND TERM
1.	From January 14, 2021 until January 11, 2023, LESSOR agrees to lease to LESSEE, for use as REPRESENTATIVE'S State legislative district office, the following described premises (Street Address, City, Zip Code, Other Description):
	1050 W. Romeo Rd. Romeoville, IL 60446 Suite 101
	Suite 101
ARTIC	LE II. RENT
1.	LESSEE agrees to pay LESSOR as rent 3 150 dollars per month, mailed to LESSOR at the following address:
	1050 W. Romeo Rd. Romeoville, IL 60446
2.	LESSEE shall not be considered in default of this Lease for failure to pay rent for any month in which the LESSEE has submitted a voucher for payment of that month's rent to the State of Illinois Comptroller. LESSEE shall provide a copy of any such voucher upon request of the LESSOR.
3.	Payment for obligations pursuant to the Lease shall be solely from sums appropriated to the Illinois General Assembly for such purposes pursuant to the General Assembly Compensation Act, 25 ILCS 115/1, et seq. Obligations of the State shall cease immediately without penalty or further payment being required if, in any fiscal year, funds are not appropriated or otherwise made available for this Lease. LESSEE shall provide proof of appropriation authority upon request of the LESSOR.
ARTICI	LE III, USE
1.	LESSEE agrees that, during the term of this Lease, the above-described premises will be used as a state legislative district office.
ARTICI	<u>LE IV. POSSESSION</u>
1.	LESSEE shall be entitled to possession on the first day of the term of this Lease. Should LESSOR be unable to give possession on the first day of the term of this Lease, LESSEE shall not be liable for rent unless and until possession is delivered and rent shall be prorated from the date of occupancy.
<u>ARTICI</u>	LE V. UTILITIES
1.	Utilities are the responsibility of LESSOR or check here if obligation is that of LESSEE.
<u>ARTICI</u>	E VI. IMPROVEMENTS & MAINTENANCE
1.	Permanent improvements are the responsibility of LESSOR unless agreed to in a codicil, amendment, rider, or other written agreement signed by LESSOR and LESSEE.
2.	LESSOR shall provide and maintain air conditioning and heating systems.
	LESSOR shall be responsible for repairs to and maintenance of the interior of the premises and all structural and other components of the premises, including, but not limited to, roofs, ceilings, walls (interior and exterior), floors, windows, doors, foundations, fixtures, and all mechanical, plumbing, electrical and air conditioning and heating systems or equipment serving the premises, except for repairs to and maintenance of the LESSEE's personal property.
	Page I Initials LESSOR LESSEE

2. LESSOR agrees that neither LESSEE nor any of LESSEE's officers or employees will indemnify or hold harmless LESSOR against any liability of LESSOR to any third party that may arise during or as a result of this Lease or LESSEE's tenancy.

ARTICLE XIV. NO CONFESSION OF JUDGMENT

1. LESSEE does not confess judgment in any suit brought in any court by virtue of executing this Lease.

ARTICLE XV. COURT OF CLAIMS

1. Any claim or disputed issue arising out of this Lease must be filed exclusively with the Illinois Court of Claims.

ARTICLE XVI. INSURANCE

1. LESSOR shall maintain in full force and effect at its sole cost and expense but for the mutual benefit of LESSEE (i) an "all-risk" property insurance policy for the premises and LESSOR'S personal property located in the premises in the amounts of the full replacement values thereof and (ii) a comprehensive general liability insurance policy on an occurrence basis with limits of not less than \$2,000,000 per occurrence.

ARTICLE XVII. CERTIFICATIONS

- 1. <u>Drug Free Workplace</u>. LESSOR certifies that it will not engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in the performance of this Lease. *See* 30 ILCS 580/1, et seq.
- 2. Americans with Disabilities Act (ADA). The Americans with Disabilities Act and the regulations promulgated thereunder prohibit discrimination against persons with disabilities by the State, whether directly or through contractual agreements, in the provision of any aid, benefit, or service. As a condition of receiving this Lease, LESSOR certifies that the premises and services provided under this Lease are and will continue to be in compliance with the American with Disabilities Act. See 42 U.S.C. 12101; 28 CFR 35.130.
- 3. <u>Forced Labor</u>. LESSOR certifies that in accordance with the State Prohibition of Goods from Forced Labor Act that no foreign made equipment, materials, or supplies furnished to the State under the Lease have been or will be produced in whole or in part by forced labor, convict labor, or indentured labor under penal sanction. *See* 30 ILCS 583/1, et seq.
- 4. <u>Child Labor</u>. LESSOR certifies that in accordance with the State Prohibition of Goods from Child Labor Act that no foreign made equipment, materials, or supplies furnished to the State under the Lease have been or will be produced in whole or in part by the labor of any child under the age of 12. See 30 ILCS 584/1, et seq.
- 5. Environmental Barriers Act. This Lease is subject to the Environmental Barriers Act. See 410 ILCS 25/5(c).
- 6. <u>Educational Loans</u>. LESSOR certifies that neither it, nor any of its principals, is in default on an educational loan as provided in the Educational Loan Default Act. See 5 ILCS 385/3.
- International Anti-Boycott Certification Act. LESSOR certifies that neither it, nor any of its principals or substantially-owned affiliated company is participating in or shall participate in an international boycott in violation of the provisions of the U.S. Export Administration Act of 1979 or the regulations of the U.S. Department of Commerce promulgated under that Act. See 30 ILCS 582/5.
- 8. <u>Illinois Human Rights Act</u>. LESSOR certifies that it is in compliance with all applicable provisions of the Illinois Human Rights Act and any rules adopted thereunder. See 775 ILCS 5/2-105.
- 9. <u>Bribery</u>. LESSOR certifies that neither it nor any of its principals has been convicted of bribery or attempting to bribe an officer or employee of the State of Illinois, nor have the LESSOR or its principals made an admission of guilt of such conduct which is a matter of record. See 30 ILCS 500/50-5.
- Bid Rigging/Bid Rotating. LESSOR certifies that neither it, nor any of its principals, has been barred from contracting the State
 or a unit of local government as a result of a violation of Sections 5/33E-3 and 33E-4 of the Criminal Code of 1961. See 720
 ILCS 5/33E-11.
- 11. <u>Delinquent Payments</u>. LESSOR certifies that it is not delinquent in the payment of any debt to the State. See 30 ILCS 500/50-11.

Page 3	Initials	LESSOR	LESSEE

TAXPAYER IDENTIFICATION NUMBER

I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS

has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. person (including a U.S. resident alien). Name: Village of Romcoville Taxpayer Identification Number: Social Security Number ____ Employer Identification Number 36-609349 (If you are an individual, enter your name and SSN as it appears on your Social Security Card. If completing this certification for a sole proprietorship, enter the owner's name followed by the name of the business and the owner's SSN or EIN. For all other entities, enter the name of the entity as used to apply for the entity's EIN and the EIN.) Legal Status (check one): __ Individual ★ Governmental __ Sole Proprietor Nonresident alien __ Partnership/Legal Corporation __ Estate or trust __ Tax-exempt Pharmacy (Non-Corp.) Corporation providing or billing __ Pharmacy/Funeral Home/Cemetery medical and/or health care services (Corp.) Corporation NOT providing or billing __ Limited Liability Company (select medical and/or health care services applicable tax classification.) □ D = disregarded entity Other: \Box C = corporation □ P = partnership

Exhibit	15	.20	40-A
(09-001)		

Lcase	No.	

Page I of 2

REAL ESTATE LEASE FORM DISCLOSURE STATEMENT

THIS STATEMENT MUST BE COMPLETED BY THE LESSOR AND SIGNED BY AN OWNER, AUTHORIZED TRUSTEE, CORPORATE OFFICIAL, OR MANAGING AGENT

You are required by Illinois Law to complete this form (50 ILCS 105/3.1) The purpose of this form is to determine all of the name(s) of the owner(s) and beneficiary having any interest in the property real or personal of the leased premises. Furthermore, you must disclose the names of any shareholders entitled to receive more than 7 1/2% of the total distributable income of any corporation with an interest in the lease. FAILURE TO ACCURATELY PROVIDE ALL CHANGE OF OWNERSHIP MAY RESULT IN A MATERIAL BREACH OF THE LEASE ANDOR CRIMINAL SANCTIONS.

CHA	DRMATION REQUESTED ON THIS FORM AND TO PROVIDE UPDATED INFORMATION WITHIN 30 DAYS OF ANY INGE OF OWNERSHIP MAY RESULT IN A MATERIAL BREACH OF THE LEASE AND/OR CRIMINAL SANCTIONS.
I	A. Address of Premises 1050 W. Romco Rd., Swite 101 Romeoville, IL 40446
	B. Real Estate Tax Index Number 36 - 600 9349
II	INDICATE LESSOR'S INTEREST IN PROPERTY BY CHECKING <u>ALL</u> APPLICABLE BOXES AND COMPLETING PARAGRAPH(S) AS INSTRUCTED. IF ADDITIONAL SPACE IS NEEDED TO PROVIDE THIS INFORMATION, PLEASE ATTACH A SEPARATE SHEET TO THIS FORM.
区	
	FEE SIMPLE (SOLE OWNER, JOINT TENANTS, TENANTS BY THE ENTIRETY, TENANTS IN INSTRUCTIONS: PLEASE LIST NAMES OF ALL OWNERS.
	Village of Romeoville, AN Illinois Municipal of.
X	
	LEASE HOLDER OR SUBLESSEE INSTRUCTIONS: PLEASE LIST THE NAMES OF THE LESSOR (AND LESSEE IF YOU ARE A SUBLESSEE). PLEASE INDICATE THE BEGINNING AND ENDING DATES OF TERM OF LEASE OR THE SUB-LEASE VILIAGE OF ROMCOVIIC, AN Illinois Municipal CORP. is LESSOV Jan. 14, 2021 - Jan. 11, 2023
	LAND TRUST OR OTHER TRUST INSTRUCTIONS: PLEASE LIST THE COMPLETE NAME AND NUMBER OF TRUST AND TRUSTEE'S ADDRESS AND NAMES OF ALL BENEFICIARIES. IF THE PROPERTY IS HELD IN A LAND TRUST, YOU MUST ALSO COMPLETE A LAND TRUST BENEFICIAL INTEREST DISCLOSURE APPLICATION.
L.J	OPTION TO PURCHASE, CONTRACT TO PURCHASE OR SIMILAR INTEREST INSTRUCTIONS: DESCRIBE YOUR INTEREST IN THE PROPERTY FULLY. PLEASE LIST THE PARTIES WHO CURRENTLY OWN THE REAL ESTATE.
	OTHER (PLEASE DESCRIBE) INSTRUCTIONS LIST THE NAME OF ALL PARTIES WHO HAVE AN OWNERSHIP INTEREST IN THE PROPERTY.
i	

REAL ESTATE LEASE FORM - DISCLOSURE STATEMENT

Page 2 of 2

CO	RPORATION - INSTRUCTIONS: PLEASE LIST
1.	The names of the president and secretary: The name and address of the registered agent:
2.	The name and address of the registered agent:
3.	The names of all shareholders entitled to receive more than 7 1/2% of the total distributable income of the corporation:
4.	The name of the person (s) authorized to execute the contracts on behalf of the corporation :
GRI	TE: IN COMPLETING THIS SECTION, IF THERE IS NO READILY KNOWN INDIVIDUAL HAVING EATER THAN 7 1/2% INTEREST IN THE CORPORATION AND THE CORPORATION IS PUBLICLY ADED THEN THE REQUIREMENTS OF THE DISCLOSURE MAY BE MET BY SO STATING.
PAR	TNERSHIP-INSTRUCTIONS: PLEASE LIST
1.	The names of all partners (include limited partners if applicable):
2.	If limited partnership, the names and addresses of all general partners:
ARI OF	S PARAGRAPH MUST BE COMPLETED BY ALL PARTIES E ANY OF THE PERSONS LISTED ABOVE ELECTED OR APPOINTED OFFICIALS, EMPLOYED THE STATE OR THE SPOUSE OR MINOR CHILD OF SAME? NOYES If "YES", explain employment and/or relationship.
ARI	E ANY OF THE PERSONS LISTED ABOVE ELECTED OR APPOINTED OFFICIALS, EMPLOYER THE STATE OR THE SPOUSE OR MINOR CHILD OF SAME?
ARI OF	E ANY OF THE PERSONS LISTED ABOVE ELECTED OR APPOINTED OFFICIALS, EMPLOYER THE STATE OR THE SPOUSE OR MINOR CHILD OF SAME? NOYES If "YES", explain employment and/or relationship. S PARAGRAPH MUST BE COMPLETED BY ALL PARTIES
ARI	E ANY OF THE PERSONS LISTED ABOVE ELECTED OR APPOINTED OFFICIALS, EMPLOYED THE STATE OR THE SPOUSE OR MINOR CHILD OF SAME? NOYES If "YES", explain employment and/or relationship.
ARI OF KINI	EANY OF THE PERSONS LISTED ABOVE ELECTED OR APPOINTED OFFICIALS, EMPLOYER THE STATE OR THE SPOUSE OR MINOR CHILD OF SAME? NO YES If "YES", explain employment and/or relationship. SPARAGRAPH MUST BE COMPLETED BY ALL PARTIES 1. Dawn Caldwell, state on oath or affirm that I am (title) STIM VILIAGE Manager (firm/name) VILIAGE OF ROMCONIU and that the obsure made above is true and correct. I will provide a relationship.
ARI OF KINI	EANY OF THE PERSONS LISTED ABOVE ELECTED OR APPOINTED OFFICIALS, EMPLOYED THE STATE OR THE SPOUSE OR MINOR CHILD OF SAME? NO YES If "YES", explain employment and/or relationship. SPARAGRAPH MUST BE COMPLETED BY ALL PARTIES 1. Dawn Caldwell, state on oath or affirm that I am (title) Series Village Manageof (firm/name) Village of Romeoully and that the obsure made above is true and correct. I will provide any additional documentation requested by the State of sis. I further certify that Lessor has not bribed or attempted to bribe an officer or employee of the State of Illing.
THI	ANY OF THE PERSONS LISTED ABOVE ELECTED OR APPOINTED OFFICIALS, EMPLOYED THE STATE OR THE SPOUSE OR MINOR CHILD OF SAME? NO YES If "YES", explain employment and/or relationship. SPARAGRAPH MUST BE COMPLETED BY ALL PARTIES 1. Dawn Coldwell, state on oath or affirm that I am (title) term Village Manageof (firm/name) Village of Pomeoully and that the osure made above is true and correct. I will provide any additional documentation requested by the State of one of the State of Illing Signature. Signature Date
THI III	ANY OF THE PERSONS LISTED ABOVE ELECTED OR APPOINTED OFFICIALS, EMPLOYED THE STATE OR THE SPOUSE OR MINOR CHILD OF SAME? NOYES If "YES", explain employment and/or relationship. SPARAGRAPH MUST BE COMPLETED BY ALL PARTIES 1Dawn Caldwell,
THI Incompany	ANY OF THE PERSONS LISTED ABOVE ELECTED OR APPOINTED OFFICIALS, EMPLOYED THE STATE OR THE SPOUSE OR MINOR CHILD OF SAME? NOYES If "YES", explain employment and/or relationship. SPARAGRAPH MUST BE COMPLETED BY ALL PARTIES 1Dawn (

Commission Expires

IL. 401-1035 (Revised 1/95)

Notary Public