

## Boardof Sthics

740 N Sedgwick, Ste 500 Chicago, IL 60654-8488 (312) 744-9660

## CITY OF CHICAGO 2021 STATEMENT OF FINANCIAL INTERESTS

NOV 14 2022

To avoid a violation of the Governmental Ethics Ordinance and sanctions, including a \$250 per day fin Received until you file and having your name and violation being made public, you must return this foreign later than the close of business Monday, May 3, 2021 to: Board of Ethics, 740 N. Sadgwick, Suite 500.

Chicago, IL, 60554-8488.

Pleas	se complete this form, sign se answer all 16 questions	nit and then mail : deli and sign your form bef	ver it to the Bo ore returning it	ard of Ethics We	cannot accept Stateme	ents via e-mail, fax or PDF formats.
If you Term	uneed more room, please a s with an asterisk (*) are de	ittach and label extra shi efined on the instruction	eets Sheet			
+ In que	estions 2-5 & 3, indicate the A=\$25,000 or more	appropriate income, co 8= \$5,000 - \$24	mpensation or (	capital gain by wri C= less than \$5,0		ategory letter:
Office o	f Emergency Communica	tions, or who are buildin	g, consumer pri	otection or healt	h inspectors need not d	vilian Office Police Accountability lisclose the address of businessies) peries owned, e.g. "1 single-family
Last Name	· Hend	esson	First	Name 5	imean	Middle initial
Address				city C/	41640 State	IC Zip Code 606
City Depar	rtment/Agency CUN	likte for V	isteit (	A 22	Title COL	
	ere you employed by any		r than the City:	of Chicago?		□ YES □ No
	menang at sacinguyerin	ental gilli				
In 2020, d or organiz \$1,000 00	ration (other than your Ci	oyee, officer, director ty employment or app	associate, pai ointment) from	tner, proprietor ( which you rece	or in any advisory cap- lived or derived income	acity for any professional, businesse of more than
. ,	eschurga kzanon urovæ th	a della consulta contra				2 165
Name 3 Address	1 1 0	lic Scheels Organiz		,	Your Position	-Amount of Income By Calegory
business* Metropolit	with the City of Chicago an Pier and Exposition A	the Chicago Transit A uthority?	Authority Chic	ssional* busine ago Board of Ed	ss or other services re ucation. Chicago Park	ndered to a person* or entity doing District: Chicago City Colleges or Yes
IT IES DIOW	ide the following for each o	Nature of	ted services	Gavennment		+Ameunt of income
Name		Service			n Did Business	By Category
City College	antity doing business" wi es or Metropolitan Pier an	th the City of Chicago. I d Exposition Authority?	he Chicago Tra	ansit Authority   C t had no spouse or	NGago Board of Educ domestic partner in 202	ness or other services rendered to a cation. Cheago Park District. Cheago 20 Yes No.
If YES pro	ivide the failowing for each	Nature of	se/ Domestic P		-	
Name		Service			ental Unit with rson Did Business	+Amount of Income By Category
Transit Au	ithonty Chicago Board	ess or other services re of Education, Chicago	endered to any Park District	person" or enti Chicago City C	ty doing business* wit colleges, or Metropolit	eceive compensation in excess of the City of Chicago, the Chicago an Pier and Exposition Authority Yes
	wide the following informa	tion about the antity in a		se domestic part		arest.
Name				Services were pr		
Nature o	of		Governmenta Which Person	al Unit with		+Amount of Income By Category
less than	id you have a financial inter 1 % of 1% (15%) of the o d from insurance companie	company's outstanding	stock or der	th the City? (Note mand deposits in	stock interests in public financial institutions, o	cly held corporations that represent rendowments, policies or annuities
I YES pro	vide the following for each	person				
Name				or Description held in This Pers		



or annuities purchase	an ½ of 1% ( 5%) of the company of from insurance companies, in	y's outstanding sto eed not be disclos	ck or demand dep ed)	oosits in financial in		vintents, pellici No
Name Name	ing an auch person		Type/Instrument of Ownership			
In 2029, did you realize	e a capital gain of \$5,000,00 d	or more from the s	ale of any capilal	asset other than	your principal place	of residence No
Fire death on assemble to the	says including the aboves in leg at the of forms	al Secretary of the	en soft), tra ud	mounte (Seb)	h in with the month at the	H BANZET MIS
					+Amoun By Categ	of income pory
forms of direct or indire	a financial interest* in reat estat ect ownership, such as partners fe-unit or mixed-use building in	snips or trusts who	ose corpus consis	ts primarily of rea	Lestate (If your or	incipal place
If YES identify the real legal description	estate by address (see note at !	op of form for filers	from certain depar	tments) including	z-p-code or if there	s no address
n 2020 did you receiv of \$250 00?	re from any person* (other than	relatives" or a don	nestic partner*) an	ie or more gifts ha	ving an aggregate	value in exce
# YES dentify the pers	on or persons from whom you re	ceived such gifts				
In 2020 did you receive	e any improper gifts* that you di	sposed of in accor	dance with Section	n 2-156-144 of the	Governmental Eth	
1 YES identify the impri	oper gifts) the apports if known	and method of dis	posal as specified	n the ordinance		
Name  If you currently owe or for the City of Chicago making of loans of the contracted, if the loans	anyone owes you more than \$50 in 2020? (Do not include (1) kind received by you in accord are made at the prevailing rate rivet at the price available to the	Action 5,000 00, did the debt instruments ance with other late of interest; or (2) public.)	on Requested debtor, creditor or issued by finance	guarantor of the a all institutions were a standard for su assued by publicity	debt do business' isse normal businesch loans at the tim held corporations	with or do wo
if YES provide the failure	wing information		ř			
Name of Debtor Creditor or Guarantor			Person a Debtor or or Guarantor		ryce of Cebi Instrument	
Do you now serve on a	ny board or commission (even i	finot a City board	or commission, or	not for compense	ation)? Tyes	No
If rES provide the Name	e(s) of board(s) and your position	(s) on the poers(s)				
Do you <u>currently</u> have a County Clerk, or any off	covered relative* who is registe her unit of local government in t	ered as a lobbyist on the State of Illinois	with the City's Boa	ard of Ethics, the il	linors Secretary of	State the Co
Name(s)	d(s) and the obbyist's relationship		tionship			
	ilive" or domestic partner" who is			a City contractor?	Yes	No
	or ocinestic partners, his hertner	r relationship to you	the city contractors	s) and his/her their	position with the con	tracions
Name(s) of Relationships		Contractor(s)		Positio	on	
it is true and complete	have examined this Statement of F I understand that knowingly filing ment sections including discharge	a Statement contain	ng false or mistead	ng information or fa	uting to file by dead!	ne can result
0	mee /	End	1-20	9	11/14	122