



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

# CITY OF CHICAGO 2018 STATEMENT OF FINANCIAL INTERESTS

To avoid a violation of the Governmental Ethics Ordinance and sanctions, including fines and having your name and violation being made public, you must return this form, completed and signed, no later than the close of business Thursday, May 31, 2018 to:  
Board of Ethics 740 N. Sedgwick, Ste. 500 Chicago, IL 60654-8488



- Please complete this form, sign it and then mail / deliver it to the Board of Ethics . We cannot accept Statements via e-mail, fax or PDF formats. Please answer all 16 questions and sign and date your form before returning it.  
- If you need more room, please attach and label extra sheets.  
- Terms with an asterisk(\*) are defined on the instruction sheet.

+ In questions 2-5 & 8, indicate the appropriate income, compensation or capital gain by writing in the appropriate category letter:  
A= \$25,000 or more B= \$5,000 - \$24,999 C= less than \$5,000

**CANDIDATE**

**NOTE:** for security reasons, filers in the Chicago Fire and Police Departments, Inspector General's Office, Civilian Office of Police Accountability and Office of Emergency Communications and building and health inspectors need not disclose the address of business(es), organizations or property in questions 2 or 9; for question 9, however, they must list the number and types of properties owned, for example: two 6-flats, etc.

Last Name: Way Kittes First Name: Heather Middle Initial: E  
Mailing Address: [Redacted] City: Chicago State: IL Zip: 60608  
City Department/Board or Commission: \_\_\_\_\_ Title: \_\_\_\_\_

1. In 2017, were you employed by any governmental unit other than the City of Chicago?  Yes  No  
If YES, list the name of each governmental unit: \_\_\_\_\_

2. In 2017, did you serve as an employee, officer, director, associate, partner, or proprietor or in any advisory capacity for any professional, business or other organization (other than your City employment or appointment) from which you received or derived income of more than \$1,000.00?  Yes  No  
If YES, for each organization provide the following information: (see note above)

Name & Address:	<u>Chicago Cubs</u>	Type of Organization:	<u>Sports team</u>	Your Position:	<u>CA mgr</u>	+ Amount of Income, By Category:	<u>A</u>
	<u>1200 W. Addison</u>						
	<u>Chicago, IL 60648</u>						

3. In 2017, did you receive compensation in excess of \$5,000.00 for professional\*, business or other services rendered to a person\* or entity doing business\* with the City of Chicago, the Chicago Transit Authority, Chicago Board of Education, Chicago Park District, Chicago City Colleges, or Metropolitan Pier and Exposition Authority?  Yes  No  
If YES, provide the following for each person or entity to which you provided services:

Name	Nature of Service	Government Unit With Which Person or Entity Did Business	+ Amount of Income, By Category

4. In 2017, did your spouse or domestic partner\* receive compensation or payment in excess of \$5,000.00 for professional\*, business, employment, work or other services rendered to a person\* or entity doing business\* with the City of Chicago, the Chicago Transit Authority, Chicago Board of Education, Chicago Park District, Chicago City Colleges, or Metropolitan Pier and Exposition Authority?  Yes  No  
 I had no spouse or domestic partner in 2017.

If YES, provide the following for each person or entity to which Spouse/ Domestic Partner provided services:

Name	Nature of Services	Government Unit With Which Person or Entity Did Business	+ Amount of Income, By Category

5. In 2017, did any entity in which you OR your spouse or domestic partner\* have a financial interest\* receive compensation in excess of \$5,000.00 for professional\*, business or other services rendered to any person\* or entity doing business\* with the City of Chicago, the Chicago Transit Authority, Chicago Board of Education, Chicago Park District, Chicago City Colleges, or Metropolitan Pier and Exposition Authority?  Yes  No

If YES, provide the following information about the entity in which you/spouse/domestic partner have a financial interest:

Name	Nature of Services	Name of Person or Entity to which Services were provided	Government Unit With Which Person Did Business	+ Amount of Income, By Category

6. In 2017, did you have a financial interest\* in any person\* doing business\* with the City? (Note: common stock interests in publicly held companies that represent less than 1/2 of 1% (.05%) of the company's outstanding common stock, or time or demand deposits in financial institutions, or endowments, policies or annuities purchased from insurance companies, need not be disclosed.)  Yes  No

If YES, provide the following for each person:

Name	Title or Description of Position You Held in This Person

**Question 14:**

Friends of Lakeview, Director

St. Joseph Hospital, Community Leaders Board, Director

Lakeview Citizens Council, Vice President

Rosecrance Lakeview Foundation, Director

