

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

If YES, provide the following for each person:

Name

## 2022 STATEMENT OF FINANCIAL INTERESTS

To avoid a violation of the Governmental Ethics Ordinance and sanctions, shoulding a \$250 per day fine until you file and having your name and violation being made public, Board Setural Sortinance and sanctions, and the close of business Monday, May 2, 2022 to:

Board of Ethics, 740 N. Sedgwick, Suite 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 or fay all 16 questions and sign 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 NOTE: for security reasons, filers in the Chicago Fire and Police Departments, OPSA, Inspector General's Office, Civilian Office Police Accountability, Office of Emergency Communications, or who are building, consumer protection or health inspectors need not disclose the address of business(es), organization(s) or property in questions 2 or 9; for question 9, however, they must list the number and types of properties owned, e.g.: "1 single-family Last Name: First Name: Middle Initial: Address City Department/Agency: 1. In 2021, were you employed by any governmental unit other than the City of Chicago? ... If YES, list the name of each governmental unit: 2. In 2021, did you serve as an employee, officer, director, associate, partner, proprietor or in any advisory capacity for any professional, jusiness or organization (other than your City employment or appointment) from which you received or derived income of more than Yes If YES, for each organization provide the following info Name & Type of Your +Amount of Income Address Organization Position By Calegory 3. In 2021, 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 to which you provided serv Nature of Governmental Unit with +Amount of Income Name Service Which Person Did Business By Calegory 4. In 2021, did your spouse or domestic partner\* 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 Distrigt, Chicago Yes No If YES, provide the following for each person to which Spouse/ Domestic Partner provided services: Nature of Governmental Unit with +Amount of Income Name Service Which Person Did Business By Category 5 In 2021, 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 If YES, provide the following information about the entity in which you/spouse/domestic partner have a linancial interest. Name of Person to which Name Services were provided Nature of Governmental Unit with +Amount of Income Service Which Person Did Business By Category In 2021, did you have a financial interest\* in any person\* doing business\* with the City? (Note: stock interests in publicly held corporations that represent less than ½ of 1% (.5%) of the company's outstanding stock, or demand deposits in financial institutions, or endowments, policies or appellies purchased from insurance companies, need not be disclosed.) ..... Yes No

Title or Description of Position

Your held in This Person

|      | In 2021, did you have a financial interest* in any person* conducting by that represent less than $\frac{1}{2}$ of 1% (.5%) of the company's outstanding sto or annuities purchased from insurance companies, need not be disclosed.  | ck, or demand de                        | posits in financial                       | institutions, or                    | endowr          | nents, policies    |
|------|---|---|---|-------------------------------------|-----------------|--------------------|
| t    | If YES, provide the following for each person:  | ĭ                                       |   |                                     |                 |                    |
|      | Name  | Type/Instrument of Ownership            |   |                                     |                 |                    |
|      | In 2021, did you realize a capital gain of \$5,000.00 or more from the  |   |   |                                     |                 |                    |
| I.   | If YES, identify the asset(s) sold (including the address or legal description of the   | real estate) and the                    | appropriate Categ                         | ory of the amou                     | nt of gain      | realized for eac   |
| ,    | identified asset (see note at top of form).   |   |   |                                     | Amount of       | of Income          |
| f    | Do you <u>currently</u> have a financial interest* in real estate located in the C forms of direct or indirect ownership, such as partnerships or trusts wh residence is in a multiple-unit or mixed-use building in which you have a   | ose corpus cons<br>financial interest   | ists primarily of re<br>, answer "yes" to | eal estate. (If y<br>this question. | your prir<br>)  | ncipal place o     |
|      | If YES, identify the real estate by address (see note at top of form for filers legal description.  |   | artments), including                      | zip code, or,                       | if there is     | s no address, i    |
|      |   |   |   |                                     |                 |                    |
| 0.   | In 2021, did you receive from any person* (other than relatives* or a do of \$250.00?   | mestic partner*)                        | one or more gifts                         | naving an agg                       | regate v<br>Yes | alue in excess     |
|      | If YES, identify the person or persons from whom you received such gifts:   |   |   |                                     |                 |                    |
| 1    | In 2021, did you receive any improper diffe* that you disposed of in accordance   |   | ion 2 156 144 of l                        | ho Governmen                        | ntal Ethi       | os Ordinanco?      |
|      | in 2021, did you receive any improper gifts* that you disposed of in accordance with Section 2-156-144 of the Governmental Ethics Ordinance?  |   |   |                                     |                 |                    |
|      | If YES, identify the improper gift(s), the donor(s) if known, and method of di  | sposal as specifie                      | d in the ordinance                        |                                     |                 |                    |
|      |   |   |   |                                     |                 |                    |
| 2.   | Do you <u>currently</u> have a financial interest* in any person* who in 2021 for annexation, zoning or rezoning of real estate?  | applied to the Ci                       | ty of Chicago for                         | a license or fr                     | anchise,<br>Yes | or any permi<br>No |
|      | If YES, list the name of the person(s) in which you have financial interest a sought or the action requested):  | nd describe the Ci                      | ty action requested                       | f (including the                    | nature o        | of the application |
|      | Name Ac   | tion Requested                          |   |                                     |                 |                    |
|      | f you <u>currently</u> owe or anyone owes you more than \$5,000.00, did the debtor, creditor or guarantor of the debt do business* with or do work or the City of Chicago in 2021? (Do not include: (1) debt instruments issued by financial institutions whose normal business includes the naking of loans of the kind received by you in accordance with other terms and conditions standard for such loans at the time the debt was contracted, if the loans are made at the prevailing rate of interest; or (2) debt instruments issued by publicly held corporations and purchased by you on the open market at the price available to the public.)  I neither owe nor am owed more than \$5,000.00 |   |   |                                     |                 |                    |
|      | If YES, provide the following information:  |   | THE PERSONS                               |                                     | n neer          |                    |
|      | Name of Debtor, Is the  | e Person a Debtor,<br>itor or Guarantor |   | Type of Debt<br>Instrument          |                 |                    |
| 1.   | Do you now serve on any board or commission (even if not a City boar  | d or commission,                        | or not for compe                          | nsation)?                           | Yes             | <b>√</b> %         |
|      | YES, provide the Name(s) of board(s) and your position(s) on the board(s):  |   |   |                                     |                 |                    |
| 5.   | Do you <u>currently</u> have a covered relative* who is registered as a lobbyis County Clerk, or any other unit of local government in the State of Illino  | t with the City's B                     | oard of Ethics, the                       | e Illinois Secre                    | tary of S       | State, the Cool    |
|      | YES, name the lobbyist(s) and the lobbyist's retalionship to you:   |   |   |                                     |                 |                    |
|      | Name(s)   | elationship                             |   |                                     |                 |                    |
| õ.   | Do you now have any relative* or domestic partner* who is an employee or  | full- or part-owner                     | of a City contractor                      | ?                                   | Yes             | No                 |
| 11   | f YES, name the relative(s) or domestic partner(s), his/her/their relationship to you   | u, the city contract                    | or(s), and his/her /tl                    | eir position with                   | the cont        | ractor(s):         |
|      | Name(s) of<br>Relationships Contractor(s)   |   | Po  | sition                              |                 |                    |
| elie | IFICATION: I declare that I have examined this Statement of Financial Interests, if it is true and complete. I understand that knowingly filing a Statement contained from office or in employment sanctions, including discharge, in accordance we   | aining false or misle                   | ading information of                      | r failing to file                   | by deadli       | ne, can result ir  |
|      | 111-00  |   | 12-12                                     | 1-22                                | 4               |                    |

Signature and Date