

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

CITY OF CITY

2022 STATEMENT OF FINANCIAL INTERES.

To avoid a violation of the Governmental Etrics Ordinance and sanctions, including a \$250 per day fine until you file and having your name and violation being made public, you must return this form no later than 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 fax. Please answer 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 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 house, 2 6-flats."

Last Name:	1+0N	F	irst Name: Cor	nstan	ce	Middle Initial:	•
Addres			City: Chi	cago	State: TL	Zip Code: 60	6
City Department/Agency:				Title:	***		
In 2021, were you employed	by any governmental unit of	ner than the C	City of Chicago?			. Yes No	
f YES, list the name of each g	governmental unit:						
or organization (other than	an employee, officer, directo your City employment or ap	ppointment) f	from which you recei	ived or deriv	ed income of mon	any professional, bue than	
Name & Hope	ovide the following information Type Organ		CDC	Your Position	Helper	+Amount of Income By Category	C
ousiness" with the City of C	mpensation in excess of \$5, Chicago, the Chicago Transi osition Authority?	t Authority. C	Chicago Board of Edu	ucation Chi	cano Park District	o a person* or entity Chicago City Colleg Yes No	jes, or
YES, provide the following fo	or each person to which you pro	vided services				76	
Name	Service		Governmenta			+Amount of Income	•
	Service		Which Person	n Did Busines	s	By Category	
n 2021, did your spouse or erson* or entity doing busir ity Colleges, or Metropolitar	domestic partner* receive c ness* with the City of Chicago n Pier and Exposition Authority	, the Chicago	in excess of \$5,000.0 Transit Authority, C h	0 for professi i cago Boa domestic par	onal*, business or o	other services rendere	hicago
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7.	In 2021, did you have a financial interest* in any person* conducting business* in Chicago? (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 annuities purchased from insurance companies, need not be disclosed)
	If YES, provide the following for each person:
	Name Type/Instrument of Ownership
8.	In 2021, did you realize a capital gain of \$5,000,00 or more from the sale of any capital asset other than your principal place of residence?
	If YES, identify the asset(s) sold (including the address or legal description of the real estate) and the appropriate Category of the amount of gain realized for each identified asset (see note at top of form).
	+Amount of Income By Cetegory
9.	Do you <u>currently</u> have a financial interest* in real estate located in the City of Chicago, other than your principal place of residence? Include all forms of direct or indirect ownership, such as partnerships or trusts whose corpus consists primarily of real estate. (If your principal place of residence is in a multiple-unit or mixed-use building in which you have a financial interest*, answer "yes" to this question.) Yes No
	If YES, identify the real estate by address (see note at top of form for filers from certain departments), including zip code, or, if there is no address, by logal description:
10.	In 2021, did you receive from any person* (other than relatives* or a domestic partner*) one or more gifts having an aggregate value in excess of \$250.00?
	If YES, identify the person or persons from whom you received such gifts:
11	In 2021, did you receive any improper gifts* that you disposed of in accordance with Section 2-156-144 of the Governmental Ethics Ordinance?
	Yes No
	If YES, identify the improper gift(s), the donor(s) if known, and method of disposal as specified in the ordinance
12,	Do you <u>currently</u> have a financial interest* in any person* who in 2021 applied to the City of Chicago for a license or franchise, or any permit for annexation, zoning or rezoning of real estate? If YES. list the name of the person(s) in which you have financial interest and describe the City action requested (including the nature of the application sought or the action requested). Name
	Notion requested
13.	If 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 for the City of Chicago in 2021? (Do not include: (1) debt instruments issued by financial institutions whose normal business includes the making of loans of the kind received by you in accordance with other terms and conditions standard for such loans at the time fhe 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 Yes No
	If YES, provide the following information:
	Name of Debtor, Creditor or Guarantor Is the Person a Debtor, Creditor or Guarantor Type of Debt Instrument
14.	Do you now serve on any board or commission (even if not a City board or commission, or not for compensation)?
	If YES, provide the Name(s) of board(s) and your position(s) on the board(s):
15.	Do you <u>currently</u> have a covered relative* who is registered as a lobbyist with the City's Board of Ethics, the Illinois Secretary of State, the Cook County Clerk, or any other unit of local government in the State of Illinois?
	If YES, name the lobbyist(s) and the lobbyist's relationship to your
	Name(s) Relationship
6	Do you now have any relative* or domestic partner* who is an employee or full- or part-owner of a City contractor?
I	YES, name the relative(s) or domestic partner(s), his/her/their relationship to you, the city contractor(s), and his/her/their position with the contractor(s): Name(s) of Relationships Contractor(s) Position
,,,,	(Volation is in p.s.)
pelle	FICATION: I declare that I have examined this Statement of Financial Interests, including any accompanying documents, and to the best of my knowledge and if it is true and complete. I understand that knowingly filing a Statement containing false or misleading information or failing to file by deadline, can result in oval from office or in employment sanctions, including discharge, in accordance with applicable rules, regulations, and ordinances of the City of Chicago.
	11/28/2022