

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

If YES, provide the following for each person:

Name

CITY OF CHICAGO 2022 STATEMENT OF FINANCIAL INTERESTS

To avoid a violation of the Governmental Ethics 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

	(5.2	,	Chicago, IL 60654	-0400						
	- Please co all 16 que	mplete this form, sign it and the stions and sign your form befor	n mail / deliver it to the e returning it.	e Board of Et	nics. We cannot	accept Sta	fice, Civilian Office Police Accountability, d not disclose the address of business(es), of properties owned, e.g.: "1 single-family Middle Initial:			
	- If you need more room, please attach and label extra sheets Terms with an asterisk (*) are defined on the instruction sheet.									
	A=\$	20,000	= \$5,000 - \$24,999	C= les	s than \$5,000					
	NOTE: for so Office of En organization house, 2 6-fi	nergency Communications, or w n(s) or property in questions 2 or	cago Fire and Police Do rho are building, consu r 9; for question 9, how	epartments, C mer protection ever, they m	PSA, Inspector n or health in ust list the numb	General's Conspectors ne per and type	Office, Civilian Office ed not disclose the es of properties ow	ce Police Accou address of busi ned, e.g.: "1 sing	ntability, ness(es), lle-family	
L	ast Name:	Murphy III		_ First Nam	e: Ja	ue)	N	Middle Initial: _	<u> </u>	
A	Address:				city: Chi	cago	State: TC	Zip Code: 6	ю.	
(City Departm	ent/Agency: City of	Chicago	-174	که از در کژ)∱⊤itle: _	Dist	rich Co	uncilor	
		you employed by any governm								
	If YES, list the	name of each governmental un Cook County	States A	Horn	27'3 65	Cico	<			
		you serve as an employee, of	fficer, director, assoc	iate, partner	, proprietor or i	in any advi	sory capacity for			
	If YES, for each	horganization provide the follow	ing information: (see no	te above)				٦		
	Name & Address		Type of Organization			Your Position		By Category		
3.	becoming a mark too	the the City of Chicago the Ci	Nicado Transif Allinor	ity. Chicado	board of Edde	audit, offic	ago i ain bionio			
	If YES, provide	the following for each person to	which you provided se	rvices:				٦		
	Name		Nature of Service		Which Person	Did Busines		By Category		
4.										
	If YES, prov	ide the following for each perso	n to which Spause/ D	omestic Part	ner provided se	rvices:		¬		
	Name		Nature of Service		Which Pers	on Did Busi	ness	By Category		
5	\$5,000.00 f	did you serve as an employee, officer, director, associate, partner, proprietor or in any advisory capacity for any professional, business nization (other than your City employment or appointment) from which you received or derived income of more than 100? Additional to the following information: (see note above)								
				you/spouse	/domestic partn	er have a fi				
									Income	
	Nature of Service		w	hich Person [oid Business			By Category	y	
6.	I Il	d you have a financial interest* in ½ of 1% (.5%) of the compa from insurance companies, ne	any's outstanding side	ock, or demi	and deposits in	III la licial III	otitutions, or onde	bearing bearing	9,	
	Pulcilaseu									

Title or Description of Position

Your held in This Person

7. In 2021, did you have a financial interest* in any person* conducting business* in Chicago? (Note: stock interests in publicly held co that represent less than ½ of 1% (.5%) of the company's outstanding stock, or demand deposits in financial institutions, or endowment or annuities purchased from insurance companies, need not be disclosed)										
1	f YES, provide the following for each person:	-								
	Name	Type/Instrument of Ownership								
	n 2021, did you realize a capital gain of \$5,000.00 or more from the				ce?					
l	f YES, identify the asset(s) sold (including the address or legal description of the	real estate) and the	appropriate Category of th	ne amount of gain realized for	each					
,,	dentified asset (see note at top of form).			+Amount of Income By Category						
f r	Do you <u>currently</u> have a financial interest* in real estate located in the Corms of direct or indirect ownership, such as partnerships or trusts whe esidence is in a multiple-unit or mixed-use building in which you have a	nose corpus consi financial interest	sts primarily of real esta , answer "yes" to this qu	ate. (If your principal place uestion.)						
	If YES, identify the real estate by address (see note at top of form for filers legal description:	s from certain depa	rtments), including zip co	ode, or, if there is no addres	ss, by					
10.	In 2021, did you receive from any person* (other than relatives* or a do of \$250.00?	mestic partner*) o	one or more gifts having	an aggregate value in exc	ess					
	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 acco	ordance with Sect	on 2-156-144 of the Gov	vernmental Ethics Ordinan	ice?					
				🗀 Tes 💆 NO						
	If YES, identify the improper gift(s), the donor(s) if known, and method of d	isposal as specified	d in the ordinance							
12.	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 licen	se or franchise, or any per	rmit					
	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 (includ	ding the nature of the applic	ation					
	Name A	ction Requested								
	for the City of Chicago in 2021? (Do not include: (1) debt instrument making of loans of the kind received by you in accordance with other contracted, if the loans are made at the prevailing rate of interest; or (2 by you on the open market at the price available to the public.)	owes you more than \$5,000.00, did the debtor, creditor or guarantor of the debt do business* with or do work? (Do not include: (1) debt instruments issued by financial institutions whose normal business includes the elived by you in accordance with other terms and conditions standard for such loans at the time the debt was e at the prevailing rate of interest; or (2) debt instruments issued by publicly held corporations and purchased e price available to the public.) I neither owe nor am owed more than \$5,000.00 Yes No								
			, ,							
		e Person a Debtor, litor or Guarantor	Type Instru	of Debt Iment						
14.	Do you now serve on any board or commission (even if not a City boar	d or commission,	or not for compensation	n)? X Yes 🗌 No						
	If YES, provide the Name(s) of board(s) and your position(s) on the board(0 0							
	Sauganash Community Organ: 2 stion									
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 you:									
	Name(s) Re	elationship								
	Do you now have any relative* or domestic partner* who is an employee or			1 ~						
1.	f YES, name the relative(s) or domestic partner(s), his/her/their relationship to you Name(s) of Relationships Contractor(s		or(s), and his/her /their pos. Position	uton with the contractor(s):						
	FICATION: I declare that I have examined this Statement of Financial Interests, fit is true and complete. I understand that knowingly filing a Statement cont									
	oval from office or in employment sanctions, including discharge, in accordance w									

Signature and Date