

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

## 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, <u>you must return this form no later than the close of business Monday, May 2, 2022</u> to: Board of Ethics, 740 N. Sedgwick, Suite 500, Chicago, IL 60654-8488

	- If you no	omplete this form, sign it and the stions and sign your form before dimore room, please attach an ith an asterisk (*) are defined on ons 2-5 & 8, indicate the appropriate the sport of the state of the	d label extra sheet	CI	IND		A	I E B	SEP 12 2	2022	
	NOTE: for security reasons, filers in the Chicago Fire and Police Departments, OPSA, Inspector General's Office of Emergency Communications, or who are building, consumer protection or health inspectors need organization(s) or property in questions 2 or 9; for question 9, however, they must list the number and types of house, 26-flats."							office, Civilian need not disclos	Office Police Ac	countability, business(es),	
	Last Name:	Last Name: <u>Schoenburg</u>			First Name: Samuel				Middle Initial: E		
	Address:				City:	Chicaç	go	State: IL	Zip Code:	606	
	City Departm	ent/Agency: 19th Police	District Cour	ncil			Title:	Candidate	for District	Council	
1.	In 2021, were	you employed by any governm	nental unit other t	han the C	city of Chicago?	H11001111111		neneneourre	Yes	☑ No	
	II YES, list the	name of each governmental ur	üt								
2,	or organizat \$1,000,00?									ional, business	
	Name & Address	Goldman Ismail Tomaselli Bren Baum LLP 200 S Wacker Dr 22 FI			ove) aw Practice		Your Position	Associate	+Amount of By Catego		
3	business* w	you receive compensation in th the City of Chicago, the Ch Pier and Exposition Authority	icago Transit Au	thority. C	hicago Board	of Educ	ation. Chi	icago Park Distr	rict, Chicago Ci		
	If YES, provide	the following for each person to	Nature of Service	d services	Gover	mmental t Person C	Jnil with Did Busine:	ss	+Amount of By Calego		
4	person* or er	our spouse or domestic parti tity doing business* with the ( or Metropolitan Pier and Expo	City of Chicago, the	e Chicago	Transit Author	ity. Chic	ago Bo	ard of Education	n, Chicago Park D	rendered to a District, Chicago	
	If YES, provid	ie the following for each perser	la which Spause	/ Domest	lic Partner pros	ided sen	vices:				
	Name		Nature of Service				al Unit with on Did Bus		+Amount of By Catego		
5	\$5,000.00 fo Transit Auth	2021, did any entity in which you OR your spouse or domestic partner* have a financial interest* receive compensation in excess 5,000.00 for professional*, business or other services rendered to any person* or entity doing business* with the City of Chicago, the Chicago ransit Authority, Chicago Board of Education, Chicago Park District, Chicago City Colleges, or Metropolitan Pier and Exposition, Authority, Chicago Park District, Chicago City Colleges, or Metropolitan Pier and Exposition, Authority, No									
	If YES, provide the following information about the entity in which you/spause/domestic partner have a linancial interest:										
	Name		Name of Person to which Services were provided								
						olo pioti					
					nmental Unit with Person Did Business				+Amount of Income By Calegory		
6.	less than 1/2	you have a financial interest* in 6 of 1% (.5%) of the compar rom insurance companies, need	y's outstanding:	stock, or	demand deod	osits in fir	nancial ins	stitutions, or end	eld corporations dowments, polici	es or annuities	
	II YES, provid	te the following for each person									
					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 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 Category										
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 lagal 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? Yes Yes										
	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 V No										
	If YES, Identify the improper giff(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? Yes No										
	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 Action 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 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  Yes										
	If YES, provide the following information:										
	Name of Debtor, Series of Debtor, Series of Debtor, Creditor or Guarantor Series of Debt Series										
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? Yes  No										
	If YES, name the lobbyist(s) and the lobbyist's relationship to you:										
16.	Name(s) Relationship  Do you now have any relative* or domestic partner* who is an employee or full- or part-owner of a City contractor? Yes No										
	YES, name the relative(s) or domestic partner(s), his/heidheir relationship to you, the city contractor(s), and his/her ribeir position with the contractor(s).										
	Name(s) of Relationships Contractor(s) Position										
beli	RIFICATION: I declare that I have examined this Statement of Financial Interests, including any accompanying documents, and to the best of my knowledge and ef it is true and complete. Tunderstand that knowingly filing a Statement containing false or misleading information or failing to file by deadline, can result in loval from office or in employment sanctions, including discharge, in accordance with applicable rules, regulations and ordinances of the City of Chicago.										
7	Samel Schowbury 9/1/2022										
	Signature and Date										