

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, 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. CANDIDATE

+ 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 an organization(s) or property in questions 2 or 9; for house, 2 6-flats."			
Last Name: Wallace	First Name	Cydney	Middle Initial: S
Address:	Ci	ty: Chicago State:	□ Zip Code: 606
City Department/Agency: Member of Police District	t Council 8	Title: District Co	buncilor
In 2021, were you employed by any governmental ulif YES. list the name of each governmental unit:	unit other than the City of Chica	go?	Yes
In 2021, did you serve as an employee, officer, or organization (other than your City employmen \$1,000.00?	t or appointment) from which	you received or derived incom	e of more than
IFYES, for each organization provide the following info Name & Address	Type of Organization	Your Position	+Amount of Income By Category
In 2021, did you receive compensation in excess business* with the City of Chicago, the Chicago Metropolitan Pier and Exposition Authority?	Transit Authority, Chicago Bo	ard of Education, Chicago Park	District, Chicago City Colleges, o
Name Sen	Control of the contro	overnmental Unit with hich Person Did Business	+Amount of Income By Category
In 2021, did your spouse or domestic partner* re person* or entity doing business* with the City of C City Colleges, or Metropolitan Pier and Exposition A	chicago, the Chicago Transit Au	thority, Chicago Board of Edu	cation, Chicago Park District, Chicago
If YES, provide the following for each person to who	100	provided services:	
Name Nature Service	y.a.r	Governmental Unit with Which Person Did Business	+Amount of Income By Category
In 2021, did any entity in which you OR your \$5,000.00 for professional*, business or other se Transit Authority, Chicago Board of Education,	ervices rendered to any person Chicago Park District, Chica	on* or entity doing business* wit go City Colleges, or Metropoli	th the City of Chicago, the Chicago tan Pier and Exposition Authority
If YES, provide the following information about the		nestic partner have a financial into	erest:
Name		es were provided	
Nature of Service	Governmental Unit v		+Amount of Income By Category
In 2021, did you have a financial interest* in any per less than ½ of 1% (.5%) of the company's ou purchased from insurance companies, need not be	tstanding stock, or demand	deposits in financial institutions, of	or endowments, policies or annuitie
If YES, provide the following for each person:			
Name		escription of Position This Person	

f YES, provide the following	for each person:	4				
Name			Type/Instrument of Ownership			
	a capital gain of \$5,000.00 or mo					
f YES, identify the asset(s) : dentified asset (see note at	sold (including the address or legal de	scription of the r	eal estate) and the	appropriate Categ	ory of the amou	nt of gain realized for e
						Amount of Income by Category
orms of direct or indirect esidence is in a multiple-	inancial interest* in real estate loo t ownership, such as partnerships unit or mixed-use building in whic	s or trusts who	se corpus consi inancial interest	sts primarily of re , answer "yes" to	eal estate. (If y this question.	our principal place
If YES, identify the real elegal description:	state by address (see note at top or	f form for filers	from certain depa	rtments), including	g zip code, or,	if there is no address
In 2021, did you receive	from any person* (other than rela	atives* or a dor	nestic partner*) c	ne or more gifts l	naving an aggi	regate value in exce
	n or persons from whom you receive					Yes V No
n 120, identity the person	real persone from whom you receive	o do di girio.				
	any improper gifts* that you dispo					
If YES, identify the improp	per gift(s), the donor(s) if known, and	d method of dis	posal as specified	I in the ordinance		
Do you <u>currently</u> have a for annexation, zoning o	financial interest* in any person* r rezoning of real estate?	who in 2021 a	applied to the Cit	y of Chicago for	a license or fra	anchise, or any per Yes No
If YES, list the name of the sought or the action reque	e person(s) in which you have finan ested):	ncial interest an	d describe the Cit	y action requested	l (including the	nature of the applica
Name		Act	ion Requested			
for the City of Chicago making of loans of the k contracted, if the loans a	inyone owes you more than \$5,00 in 2021? (Do not include: (1) de ind received by you in accordance made at the prevailing rate of ket at the price available to the pu	bt instruments be with other to interest; or (2) ablic.)	issued by finan erms and condition debt instruments	cial institutions wons standard for sissued by public	whose normal such loans at cly held corpor	business includes t the time the debt w rations and purchas
If YES, provide the follow	ing information:					
Name of Debtor, Creditor or Guarantor			Person a Debtor, or or Guarantor		Type of Debt Instrument	
Do you now serve on ar	y board or commission (even if no	ot a City board	or commission,	or not for compe	nsation)?	Yes 🗸 No
If YES, provide the Name	(s) of board(s) and your position(s)	on the board(s)	:			
						tary of State, the Co
	covered relative* who is registered er unit of local government in the	State of Illinois				
County Clerk, or any oth			8			
County Clerk, or any oth	er unit of local government in the	you:	ationship			
County Clerk, or any oth If YES, name the lobbyist Name(s) Do you now have any rela	er unit of local government in the (s) and the lobbyist's relationship to tive* or domestic partner* who is an	Rel	ıll- or part-owner		-	Yes 🗸 No
County Clerk, or any oth If YES, name the lobbyist Name(s) Do you now have any rela	er unit of local government in the	Rel	ıll- or part-owner	r(s), and his/her /th	-	

Signature and Date