

Name

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 you't return visit from no later than the close of business Monday, May 2, 2022 to: Board of Ethics 744 Add Selfy (4th) (Spite 500, Chicago, IL 60654-8488

| | NOV 9.1.2022 |
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| | - 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 |
| | 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: Posemarie Middle Initial: |
| | Addr City: ChicAGD State: L Zip Code: GO |
| | City Department/Agency: District Cancil Membee |
| 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, business or organization (other than your City employment or appointment) from which you received or derived income of more than \$1,000.00? |
| | If YES, for each organization provide the following information: (see note above) |
| | Name & Type of Your +Amount of Income Address Organization Position By Category |
| 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? |
| | If YES, provide the following for each person to which you provided services: |
| | Name |
| 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 Dietrick, Chicago City Colleges, or Metropolitan Pier and Exposition Authority? |
| | If YES, provide the following for each person to which Spouse/ Domestic Partner provided services: |
| | Name Service Governmental Unit with +Amount of Income 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 No |
| | If YES, provide the following information about the entity in which you/spouse/domestic partner have a financial interest: |
| | Name of Person to which Services were provided |
| | Nature of Service Governmental Unit with HAmount of Income By Category |
| 6. | In 2021, did you have afinancial 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 annuities purchased from insurance companies, need not be disclosed.) |
| | If YES, provide the following for each person: |
| | |

Title or Description of Position

Your held in This Person

| | YES, provide the following for each person: | | | | |
|---|--|--|------------------|--|--|
| | Name | Type/Instrument of Ownership | | | |
| | | nore from the sale of any capital asset other than your principal place of | | | |
| li | 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 r | _ | | |
| K | dentified asset (see note at top of form). | +Amount of By Category | | | |
| fo | orms of direct or indirect ownership, such as partnershipsidence is in a multiple-unit or mixed-use building in wi | ocated in the City of Chicago, other than your principal place of residence ips or trusts whose corpus consists primarily of real estate. (If your principle you have a financial interest*, answer "yes" to this question.) | cipal place | | |
| | | of form for filers from certain departments), including zip code, or, if there is | | | |
| | legal description: | | | | |
| | In 2021, did you receive from any person* (other than re | elatives* or a domestic partner*) one or more gifts having an aggregate va | | | |
| | of \$250.00? | | X No | | |
| | If YES, identify the person or persons from whom you rece | ved such girts. | | | |
| | In 2021, did you receive any improper gifts* that you dis | posed of in accordance with Section 2-156-144 of the Governmental Ethic | s Ordinano No | | |
| | If YES, identify the improper gift(s), the donor(s) if known, a | and method of disposal as specified in the ordinance | | | |
| | | | | | |
| | | ancial interest and describe the City action requested (including the nature of | | | |
| | Name | Action Requested | | | |
| 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 wo 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 we contracted, if the loans are made at the prevailing rate of interest; or (2) debt instruments issued by publicly held corporations and purchase by you on the open market at the price available to the public.) | | | | | |
| | | · □ · · · · · · · · · · · · · · · · · · | Nº | | |
| | If YES, provide the following information: Name of Debtor, | Is the Person a Debtor, Type of Debt | | | |
| | Creditor or Guarantor | Creditor or Guarantor Instrument | | | |
| | | not a City board or commission, or not for compensation)? Yes [| No | | |
| | St Analbert Preservation Society - Secretary | | | | |
| | Do you <u>currently</u> have a covered relative* who is registe County Clerk, or any other unit of local government in the | red as a lobbyist with the City's Board of Ethics, the Illinois Secretary of St ne State of Illinois? | ate the Co | | |
| | | to your | J - | | |
| | If YES, name the lobbyist(s) and the lobbyist's relationship | to you. | | | |
| | If YES, name the lobbyist(s) and the lobbyist's relationship Name(s) | Relationship | 1 | | |
| | Name(s) Do you now have any relative* or domestic partner* who is | | A No | | |