Chicago, IL 60654-8488 (312) 744-9660

2

3.

If YES, provide the following for each person.

Name

STATEMENT OF FINANCIAL INTERESTS 2022

To avoid a violation of the Covernmental Etrics Ordnance 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 to later than the close of business Monday, May 2, 2022 to: Board of Ethics, 740 N. Sedgwick, Suite 500, Chicago, IL. 60654-8488

- Please											
an 10 Q	complete this for questions and sig	rm, sign it and th yn your form befo	en mail / deli ore returning	iver it to t it.	the Board of	Ethics. We can	not accep	t Statements	via e-mail	orfax. Please	answer
- If you n - Terms	need more room, with an asterisk (please attach and (*) are defined on	d label extra s the instruction	sheets. on sheet.							
+ in quest	tions 2-5 & 8, indi = \$25,000 or mor	cate the appropri	iate income, o	compensa 24.999	ation or capi	tal gain by writi less than \$5,00	ng in the a	ppropriate ca	ategory lette	r:	
	security reasons Emergency Com on(s) or property i-flats."	s, filers in the Champions or v	icago Fire an	d Palice C	Departments,	OPSA, Inspec	tor General				
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	organization pro	vide the following		of	e above)		Your Position			Amount of Incor y Category	me _
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Title or Description of Position Your held in This Person

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Specificity metals Specifi	if YES, provide the follow	ing for each person:			
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If YES, identify the masset year femour persons or logal description of the real extate) and the appropriate Category of the amount of gain reviewed for insensation asset later note as tigo of femous insensation asset later note as tigo of femous processing and the control of	8. In 2021, did you realiz	e a capital gain of \$5,000.00 o	r more from the sale of any capita	I asset other than your prin	cipal place of residence
9. Do you currently have a financial interest 'in real estate located in the City of Chicago, other than your principal place of residence? Include forms of direct or indirect coverarish, such as partnerships or fusets whose corpus constats primarily of real estate. (If your principal place of residence is in a multiple-unit or interd-ase building which you have a financial interest.' answer 'yes' to this question.' No If Yes, identify the real estate by eddress (see note at log of form for filers from certain departments), including sip code, or, if there is no address (segs adecorption: Yes, identify the real estate by eddress (see note at log of form for filers from certain departments), including sip code, or, if there is no address (segs adecorption: See No Ne Ne Ne Ne Ne Ne	If YES, identify the assett	s) sold (including the address or less			
residence is in a multiple unit or mixed-use building in which you have a financial interest." answer 'yes' to this question." If YES, identify the real estate by address (see note at lop of form for filen from certain departments), including zip code, or, if there is no address (see note at lop of form for filen from certain departments), including zip code, or, if there is no address (see note at lop of form for filen from certain departments), including zip code, or, if there is no address (see note at lop of form for filen from certain departments), including zip code, or, if there is no address (see note at lop of form for filen from certain departments), including zip code, or, if there is no address to the certain certain departments, including zip code, or, if there is no address to the certain certain departments, including zip code, or, if there is no address to the certain certain departments, including zip code, or, if there is no address to the certain c			257		
10. 10. 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 \$250.007	residence is in a multip	le-unit or mixed-use building in	mips or trusts whose corpus consist	sts primarily of real estate.	(If your principal place of
10. In 2021, did you receive from any person* (other than retelives* or a domestic partner*) one or more gifts having an aggregate value in exce of \$250.00? Yes No Yes No No Yes No No Yes No No Yes No N					
10. In 2021, did you receive from any person' (other than retelives' or a domestic partner') one or more gifts having an aggregate value in exce of \$250.00? Yes	5626	N Menard	Ave. Chicago -	2-Units/ K	Pesidency
1. In 2021, did you receive any improper gifts" that you disposed of in accordance with Section 2-156-144 of the Governmental Ethics Ordinance	,			ne or more gifts having an a	
Yes No No No No No No No N		- posses non whomywared	oven such girs.		
If YES, identify the improper gift(s), the denor(s) if known, and method of disposal as specified in the ordinance	1. In 2021, did you receiv	e any improper gifts* that you dis	sposed of in accordance with Section	on 2-156-144 of the Governm	nental Ethics Ordinance
Yes No No Yes No					☐ Yes 🄀 No
Yes No No Yes No					
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 publicity held corporations and purchase 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 fellowing information: Name of Debtor, Creditor or Guarantor Is the Person a Debtor, Creditor or Guarantor In the Person a Debtor, Creditor or Guarantor In the Person a Debtor, Creditor or Guarantor In the Person a Debtor, Creditor or Guarantor If YES, provide the Name(s) of board(s) and your position(s) on the board(s). Do you currently have a covered relative* who is registered as a lobbyist with the City's Board of Ethics, the Illinois Secretary of State, the Cool 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: Name(s) Name(s) Relationships Contractor(s) Position IFICATION: I declare that I have examined this Statement of Financial Interests, including any accompanying documents, and to the best of my knowledge and total contractor of the contractor		ested)		action requested (including to	he nature of the applicati
If YES, provide the following information: Is the Person a Debtor, Creditor or Guarantor Is the Person a Debtor, Creditor or Guarantor Its the Person a Debtor, Creditor or Guarantor Instrument Instrument Instrument Instrument Do you now serve on any board or commission (even if not a City board or commission, or not for compensation)? Yes No If YES, provide the Name(s) of board(s) and your position(s) on the board(s). Do you currently have a covered relative* who is registered as a lobbyist with the City's Board of Ethics, the Illinois Secretary of State, the Cool 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: 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?	making of loans of the contracted, if the loans	kind received by you in accorda	nce with other terms and condition of interest, or (2) debt instruments in public)	al institutions whose normal is standard for such loans a issued by publicly held corp	ol business includes the at the time the debt was corations and purchased
Name of Debtor, Creditor or Guarantor Is the Person a Debtor, Creditor or Guarantor Instrument Do you now serve on any board or commission (even if not a City board or commission, or not for compensation)? Yes No No If YES, provide the Name(s) of board(s) and your position(s) on the board(s). Do you currently have a covered relative* who is registered as a lobbyist with the City's Board of Ethics, the Illinois Secretary of State, the Cool County Clerk, or any other unit of local government in the State of Illinois? 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? Name(s) of Relationships Contractor(s) Relationships Contractor(s) Position FICATION: I declare that I have examined this Statement of Financial Interests, including any accompanying documents, and to the best of my knowledge and fit 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 any office or in employment's anctions, including discharge, in accordance with applicable rules, regulations and ordinances of the City of Chicago.	If YES, provide the follow	ina information:			_ 100 _ 110
Do you now serve on any board or commission (even if not a City board or commission, or not for compensation)? Yes No No No if YES, provide the Name(s) of board(s) and your position(s) on the board(s). Do you currently have a covered relative* who is registered as a lobbyist with the City's Board of Ethics, the Illinois Secretary of State, the Cool County Clerk, or any other unit of local government in the State of Illinois? No If YES, name the lobbyist(s) and the lobbyist's relationship to you: Name(s) Do you now have any relative* or domestic partner* who is an employee or full- or part-owner of a City contractor? No Name(s) of Relationships Contractor(s) Position FICATION: I declare that I have examined this Statement of Financial Interests, including any accompanying documents, and to the best of my knowledge and that it is true and complete. I understand that knowingly filing a Statement containing take or misleading information or failing to file by deadline, can result in result in mental from office or in employment's anctions, including discharge, in accordance with application rules, regulations and ordinances of the City of Chicago.	Name of Debtor,		Is the Person a Deblor.	Type of Oot	,
Do you currently have a covered relative* who is registered as a lobbyist with the City's Board of Ethics, the Illinois Secretary of State, the Cool County Clerk, or any other unit of local government in the State of Illinois?	4		Creditor or Guarantor	Instrument	
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 Cool County Clerk, or any other unit of local government in the State of Illinois?				not for compensation)?	Yes 🔀 No
Yes No	The state of the s	is, or ugaru(s) and your position(s	on the board(s).		
Name(s) 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?	Do you <u>currently</u> have a	covered relative* who is register	ed as a lobbyist with the City's Boar	rd of Ethics, the Illinois Secr	etary of State, the Cook
Do you now have any relative* or domestic partner* who is an employee or full- or part-owner of a City contractor?	and the same of th	er unit or total government in the	e state of fillhols?		Yes 🔀 No
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Relationships Contractor(s) Position FIGATION: I declare that I have examined this Statement of Financial Interests, including any accompanying documents, and to the best of my knowledge and fit is true and complete. I understand that knowingly filling a Statement containing false or misleading information or failing to file by deadline, can result inval from office or in employment sanctions, including discharge, in accordance with applicable, rules, regulations, and ordinances of the City of Chicago.	Do you now have any relati	ve* or domestic partner* who is a	n employee or full- or part-owner of a	a City contractor?	Yes ⊠ No
Relationships Contractor(s) Position FIGATION: I declare that I have examined this Statement of Financial Interests, including any accompanying documents, and to the best of my knowledge and fit is true and complete. I understand that knowingly filling a Statement containing false or misleading information or failing to file by deadline, can result in val from office or in employment sanctions, including discharge, in accordance with applicable, rules, regulations, and ordinances of the City of Chicago.	f YES, name the relative(s) of	r domestic partner(s), his/her/their r	elationship to you the city contractor(s)), and his/her /their cosition wit	h the contractor(s)
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18 (any of 12/4/2022	oval from office or in employm	nent sandions, including discharge,	in accordance with applicable rules, reg	ig information or failing to file	by deadline, can result in City of Chicago.
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Signature and Date