

740 N. Sedawick, Ste. Chicago, IL 60654-8486 (312) 744-9660

NANCIAL INTERE

To avoid a violation of the Governmental Ethics Ordinance and sanctions, include your name and violation of the made public, you must return this form, complete later thankfuccione of business Thursday, May 31, 2018 to:

Board of Ethics 740 N. Sedgwick, Ste. 500 Chicago, IL 60654-8488

Z No

Yes

- Please complete this form, sign it and then mail / deliver it to the Board of Ethics . We cannot accept Statements via e-mail, fax or PDF formats. Please answer all 16 questions and sign and date your form before re If you need more room, please attach and label extra sheets Terms with an asterisk(*) are defined prince income, compensation or capital gain by writing in the appropriate category letter: + In questions 2-5 & 8, indicate the app 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, Inspector General's Office, Civilian Office of Police Accountability and Office of Emergency Communications and building and health inspectors need not disclose the address of business(es), organizations or property in questions 2 or 9; for question 9, however, they <u>must</u> list the n<u>umber</u> and <u>types</u> of properties owned, for example: two 6-flats, etc. Last Name: First Name Middle Initial: Mailing Address: City City Department/Board Title: or Commission: 1. In 2017, were you employed by any governmental unit other than the City of Chicago? If YES, list the name of each governmental unit 2. In 2017, did you serve as an employee, officer, director, associate, partner, or proprietor or in any advisory capacity for any professional, business or other 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 & Your Type of + Amount of Income Address: Position Organization: By Category 3. In 2017, 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? No If YES, provide the following for each person or entity to which you provided services: Nature of Government Unit With Which + Amount of Income Name Service Person or Entity Did Business By Category 4. In 2017, did your spouse or domestic partner* receive compensation or payment in excess of \$5,000.00 for professional*, business, employment, work 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? I had no spouse or domestic partner in 2017. Yes If YES, provide the following for each person or entity to which Spouse/ Domestic Partner provided services: Nature of Government Unit With Which + Amount of Income Name Services Person or Entity Did Business By Category 5. In 2017, 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? .. If YES, provide the following information about the entity in which you/spouse/domestic partner have a financial interest: Name of Person or Entity to which Name Services were provided Nature of Government Unit With + Amount of Income Which Person Did Business Services By Category 6. In 2017, did you have a financial interest* in any person* doing business* with the City? (Note: common stock interests in publicly held companies that

represent less than 1/2 of 1% (.05%) of the company's outstanding common stock, or time or demand deposits in financial institutions, or endowments,

Title or Description of Position

You Held in This Person

policies or annuities purchased from insurance companies, need not be disclosed.)

If YES, provide the following for each person:

Name

7. In 2017, did you have a financial interest* in any person* conducting business in companies that represent less than 1/2 of 1% (.05%) of the company's outstanding institutions, or endowments, policies or annuities purchased from insurance compa	common stock, or time or demand deposits in financial
	anies, need not be disclosed.)
If YES, provide the following for each person:	
Name	Type / Instrument of Ownership
8. In 2017, 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 realized for each identified asset (see note at top of form).	V 30 /1 12 W 1 V 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Na	+ Amount of gain , By Category
9. Do you <u>currently</u> have a financial interest* in real estate located in the City of Chiforms of direct or indirect ownership, such as partnerships or trusts whose corpus corresidence is in a multiple-unit or mixed-use building in which you have a financial in	onsists primarily of real estate. (If your principal place of
If YES, identify the real estate by address (see note at top of form for filers from legal description:	certain departments), including zip code, or, if there is no address, b
Na	
10. In 2017, did you receive from any person* (other than relatives* or a domestic paggregate value in excess of \$250.00?	
If YES, identify the person or persons from whom you received such gifts:	
11. In 2017, did you receive any improper gift* that you disposed of in accordance with Section 2-156-144 of the Governmental Ethics Ordinance? Yes	
If YES, identify the improper gift(s), the donor(s) if known, and method of disposal:	
12. Do you <u>currently</u> have a financial interest* in any person* or entity who in 2017 applied to the City of Chicago for a license	
or franchise, or any permit for annexation, zoning or rezoning of real estate?	
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 2017? (Do not include: (1) debt instruments issued by financial institutions whose normal business includes the making of loans of the kind you received 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.)	
If YES, provide the following information:	
Name of Debtor, Creditor or Guarantor Is the Person a D Creditor or Guar	
14. Do you now serve on any board or commission either as a volunteer or for compensation (include non-City boards or commissions)?	
If YES, provide the Name(s) of board(s) and your position(s) on the board(s): TRUE Believers (MMW with MARCHING - President	
15. Do you <u>currently</u> have a relative* or domestic partner* who is registered as a lot	CITINGS THE COLUMN
If YES, name the lobbyist(s) and the lobbyist's relationship to you:	Tes (HNO
Name(s)	Relationship
16. Do you currently have a relative* or domestic partner* who is an employee or ful	ıll- or part-owner of a City contractor* ? Yes
If YES, name the relative(s) or domestic partner(s), his/her/their relationship to you contractor(s):	u, the City contractor(s), and his/her /their position with the
Name(s)/ relationship(s) Contractor(s)	Position(s)
VERIFICATION: I declare that I have examined this Statement of Financial Interests form, including any accompanying documents, and to the best of my knowledge and belief it is true and complate. I understand that knowingly filing a Statement containing false or misleading information, or failing to file by the deadline, can result in fines, removal from office, or employment sanctions including discharge, in accordance with applicable rules, regulations and ordinances of the City of Chicago. Signature and Date	