

City of Chicago Board of Ethics

Boardof

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

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CITY OF CHICAGO CITY OF CHICAGO DEC 5 2022 2022 STATEMENT OF FINANCIAL INTERESTS

To avoid a violation of the Covernmental Eltics Ordnance and sanctions, including a \$250 per day Time Cived 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 60854-8488

Please complete this form, sign it and then mail / daliver all 16 questions and sign your form before returning it.	it to the Board of Ethics. We cannot accept Statements via e-mail	or fex. Please answer
 If you need more room, please attach and label extra sheet Terms with an asterisk (*) are defined on the instruction st 	ts. 1991.	
+ In questions 2-6 & 8, Indicate the appropriate income, comp A=\$25,000 or more B∞\$5,000 -\$24,98	ponsation or capital gain by writing in the appropriate category lette 99 G= less than \$5,000	er;
Unice of Emergency Communications, or who are building.	plice Departments, OPSA, inspector General's Office, Civilian Office consumer protection or health inspectors need not disclose the 9, however, they must list the number and types of properties owne	address of husinessing
ast Name: Demitro		ddle Initial:
Address:	City: Chiasu State: The	Zîp Coda: 60
ity Department/Agency: Canadae Ald	derperson for the 11th	MARD
n 2021, were you employed by any governmental unit other t	han the City of Chicago?	Yes No
Pd Arabu GSV ConV Con	at Assistation - Thompson	C. Washa
2021 did you serve as an employee officer disorder of	The second	Len (ISIB)
r organization (other than your City employment or appoin	ssociate, partner, proprietor or in any advisory capacity for an intment) from which you received or derived income of more in \(\)	y professional, busine han ☑ Yes ☐ No
YES, for each organization, provide the following information: (se		-
Name & Au or Pice of Type of Address Organization		+Amount of Income By Category
n 2021, did you receive compensation in excess of \$5,000 ousiness* with the City of Chicago, the Chicago Transit Aut Metropolitan Pier and Exposition Authority?	.00 for professional*, business or other services rendered to a thority, Chicago Board of Education, Chicago Park District, C	a person* or entity doin hicago City Colleges, o Yes Man No
TYES, provide the following for each person to which you provided	1 services:	- v~
Name Nature of Service		+Amount of Income By Category
n 2021, did your spouse or domestic partner* receive compressor* or entity doing business* with the City of Chicago, the City Colleges, or Metropolitan Pierand Exposition Authority?	ensation in excess of \$5,000.00 for professional*, business or other chicago Transit Authority, Chicago Board of Education, Chica 	er services rendered to ago Park District, Chicag Yes No
YES, provide the following for each person to which Spouse	Domestic Partner provided services:	-
Name Nature of Service		+Amount of Income By Category
5,000.00 for professional*, business or other services reno ransit Authority, Chicago Board of Education, Chicago P	r domestic partner* have a financial interest* receive com dered to any person* or entity doing business* with the City of ark District, Chicago City Colleges, or Metropolitan Pier and	Chicago, the Chicago Exposition Authority
YES, provide the following information about the entity in whi	ch you/spouse/domestic partner have a financial interest:	
Name	Name of Person to which Services were provided	
Nature of	Governmental Unit with	+Amount of Income
		By Category
n 2021, did you have a financial interest* in any person* doing t ess than $\frac{1}{2}$ of 1% (.5%) of the company's cutstanding s surchased from insurance companies, need not be disclosed.)	business* with the City? (Note: stock interests in publicly held contock, or demand deposits in financial institutions, or endowment	porations that represents, policies or annuities Yes Man No
YES, provide the following for each person:		
Name	Title or Description of Position Your held in This Person	

	s than 1/2 of 1/3 (1.5%) of the company ased from insurance companies, no insurance for each person:	and not be disclose	d)	osits in financial institu	Yes	wments police
Name			Type/Instrument of Ownership			
8. In 2021, did you re	alize a capital gain of \$5,000.00 o	r more from the sa	e of any capital	asset other than your	principal plac	e of residence
	se!(s) sold lincluding the address of les					
					+Amoun	t of Income
residence is in a mu	ve a financial interest* in real estate direct ownership, such as partners hiple-unit or mixed-use building in v	which you have a fir	andal interest",	s primarily of real este answer "yes" to this qu	nte. (If your priestion.) XYes	incipal place
	eal estate by address (see note at to					
0. In 2021, did you rec	ample cours 363	14 DiLentes	60609, 3	معاملات عادم	60600	ì
	selve from any person* (other than i	===::::::::::::::::::::::::::::::::::::	stic pariner") one	or more gifts having a	in aggregate Yes	value in exce
In 2024 did you say	sive any improper gifts* that you dis			14		
WYES, identity the im	proper gift(s), the donor(s) if known, where the donor(s) is	and method of dispo	sal as specified in	the ordinance		
if YES, list the name of sought or the action re	of the person(s) in which you have fin	encial interest and d	sscribe the City e	ction requested (includin	yes og the nature o	No of the applica
Name			Requested			
making of loans of the contracted, if the loar by you on the open in	or anyone owes you more than \$5, go in 2021? (Do not include: (1) of e kind received by you in accordar is are made at the prevailing rate of narket at the price available to the proving information:	nce with other term of interest; or (2) de	s and conditions of instruments iss	standard for such loar sued by publicly held o	mal business as at the time	the debt wa
Name of Debtor, Creditor or Guarantor			son a Debtor, Guarantor	Type of I		
	any board or commission (even if ring(s) of board(s) and your position(s)		emmission, or no	of for compensation)?	Yes (_) No
Do you <u>currently</u> have County Clerk, or any o	a covered relative* who is registere ther unit of local government in the	d as a lobbylst with State of Illinois?	the City's Board	of Ethics, the Illinols S		te, the Cool
If YES, name the lobby	st(s) and the lobbyist's relationship to	(A)	, a	4 1		
Name(s)		Relation	V			
	ative* or domestic partner* who is an					ON S
(4dillo(9) Ol) or domestic partner(s), his/he//their re	t	oty contractor(s), a	nd his/her /their position	with the contrac	dor(s)
Relationships		Contractor(s)		Position		
NFICATION: I declare that I ef it is true and complete. oval from office or in emplo	have examined this Statement of Final lunderstand that knowingly filing a S yment sanctions, including discharge, in	ncial Interests, including fatement containing for accordance with app	ig any accompanyi ilse or misleading l licable rules, regula	ng documents, and to the information or failing to fi tions and ordinances of t	e best of my kn le by deadline, he City of Chic	owledge and can result in ago.