

Name

CITY OF CHICAGO 2022 STATEMENT OF FINANCIAL INTERESTS

To avoid a violation of the Governmental Etrics 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

form, sign It and then mall / deliver it to the Board of Ethics. We cannot accept Statements via e-mail or fax. Please answer and sign your form before returning it. oom, please attach and label extra sheets. asterisk (*) are defined on the instruction sheet. 8, Indicate the appropriate income, compensation or capital gain by writing in the approp B=\$5,000-\$24,999 5,000 ormore 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 Gutierrez Middle Initial: B Last Name: First Name: Chicago Zip Code: Address: Candidate Alderperson, 14th Ward City Department/Agency: 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 COOK COUNTY BOARD OF COMMISSIONERS 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 Yes No If YES, for each organization, provide the following information; (see note 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? Yes 🔽 No If YES, provide the following for each person to w hich you provided serv Nature of Governmental Unit with +Amount of Income Name Service Which Person Did Business By Category 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 District, Chicago City Colleges, or Metropolitan Pier and Exposition Authority?..... I had no spouse or domestic partner in 2021 Yes No If YES, in Nature of Governmental Unit with +Amount of Income Name Service Which Person Did Business 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? use domestic partner have a financial interes Name of Person to which Name Services were provided Nature of Governmental Unit with +Amount of Income Service Which Person Did Business By Category In 2021, did you have a financial 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 Yes No If YES, provide the following for each person

Title or Description of Position

Your held in This Person

	ide the following	g for each person	et .		_				
Name					Type/Instrumer of Ownership	nt			
			of \$5,000.00 or m						
YES, iden	lify the asset(s)	sold (including t	he address or legal d					_	_
entified as	sel isee nole a	(top of faim).						+Amount By Categ	t of Income
rms of di sidence i	rect or indired s in a multiple	t ownership, s -unit or mixed-	est* in real estate to such as partnership use building in wh	os or trusts w ich you have	hose corpus cons a financial interes	sists primarily of t*, answer "yes"	real estate. to this quest	(If your pr	
f YES, ide agal desci		estate by addres	ss (see note at top o	of form for filed	s from oertain dep	artments), includi	ng zip code	or, if there	is no addres
			son* (other than rel					00 0	value in exc
			om whom you receiv					☐ Yes	✓ No
			gifts* that you disp						
			donor(s) if known, ar						
or annexa	tion, zoning o	or rezoning of r	rest* in any person real estate?					☐ Yes	e, or any pe
f YES liet	the name of ti	ho noreon/el in i	which you have fina						
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			Which you have the		and describe the C	ity action requeste	ed (including	the nature	of the applic
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