

Name

CITY OF CHICAGO 2022 STATEMENT OF FINANCIAL INTERESTS

To avoid a violation of the Governmental Ethics Ordra coatril sanatiless, 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

City of Chicago 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 Share of Ethics 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: Pullappilly First Name: Jason Middle Initial: j Address: State: 11 City: Chicago City Department/Agency: Chicago Police Department Title: Detective 1. In 2021, were you employed by any governmental unit other than the City of Chicago? LYES, 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 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 fallowing for each person to which you provided se Nature of Governmental Unit with +Amount of Income 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 Distrigt, Chicago Yes No. If YES provide the following for each person to which Spouse/ Domestic Partner provided services: Nature of Governmental Unit with +Amount of Income Name 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? If YES, provide the following information about the entity in which your spouse domestic partner have a financial interest Name of Person to which Name Services were provided Nature of Governmental Unit with +Amount of income Service Which Person Did Business By Category 6. 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 purchased from insurance companies, need not be disclosed.) 1 YES, provide the following for each person

Title or Description of Position

Your held in This Person

1	vovide the following		companies, need	not be disclos	ea)			Yes 📜	NO
Name		n ar each person	174		Type/Instrumer of Ownership	t			
n 2021,	, did you realize	a capital gain o	of \$5,000.00 or m	ore from the s	sale of any capit	al asset other tha	n your principa	al place of Yes	residence No
f YES id) sold (including the	e address or legal de						
								Amount of Ir y Category	ncome
forms of	f direct or indire	ct ownership, su	t* in real estate lo ich as partnership ise building in whi	s or trusts wh	ose corpus cons	sists primarily of r	eal estate. (If y	our princip (al place o
	identify the real escription	estate by address	s (see note at top o	f form for filers	from certain dep	artments), includin	g zip code, or.	if there is no	address,
In 2021 of \$250	1, did you receiv 0.00?	e from any perso	on* (other than rela	atives* or a do	mestic partner*)	one or more gifts	having an agg	regate valu	e in exces
IF YES	identify the pers	on or persons from	n whom you receiv	ed such gifts					
In 2021	1, did you receiv	e any improper g	ifts* that you dispo	osed of in acco	ordance with Sec	tion 2-156-144 of	the Governmen	ntal Ethics	Ordinance No
If YES,	identify the impri	oper gift(s), the do	onar(s) if known, an	d method of di	sposal as specific	d in the ordinance			
15 3 2000							117		
Name If you g for the	currently owe or	anyone owes yo	ou more than \$5,0 not include: (1) de	Action (00.00, did the	tion Requested debtor, creditor	or guarantor of the	d (including the	iness* with business i	or do wo
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