## Board of Ethics

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

Name

To avoid a violation of the Governmental Ethics Oxdrance and sanctions, Including a \$250 per day intergoruntil you file and having your name and violation being made public, you must retend in a form no later than the close of business Monday, May 2, 2022 to: Board of Ethics, 740 N. Sedgwick, Suite 500, NOV 25 2022

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	<ul> <li>Please complete this form, sign it and then mail / deliver it is all 16 questions and sign your form before returning it.</li> </ul>	to the Board of Ethics. We cannot accept Statements via e-ma	ill or fax. Please answer	
	<ul> <li>If you need more room, please attach and label extra sheets.</li> <li>Terms with an asterisk (*) are defined on the instruction she</li> </ul>		ay N. A.	
	+ 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			
	Office of Emergency Communications, or who are building, co	ce Departments, OPSA, Inspector General's Office, Civilian Offi onsumer prolection or health inspectors need not disclose the however, they must list the number and types of properties ow	e address of business(es),	
	Last Name: Bahling	First Name: TIANDL N	/liddle Initial:	
	Address:	City: (M(QQ) State: II	Zip Code:	
	City Department/Agency:	go Municipal Title: 10th Poli	Candidat	
1.	In 2021, were you employed by any governmental unit other the	an the City of Chicago?	Yes No	
	If YES, list the name of each governmental unit:			
2.	In 2021, did you serve as an employee, officer, director, ass or organization (other than your City employment or appoint \$1,000.00?	ment) from which you received or derived income of more		
	If YES, for each organization provide the following information: (see	note above)		
	Name & Type of Address Organization	Your Position	+Amount of Income 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?			
	If YES, provide the following for each person to which you provided	services		
	Name Nature of Service	Governmental Unit with Which Person Did Business	+Amount of Income By Category	
4.	In 2021, did your spouse or domestic partner* receive compe person* or entity doing business* with the City of Chicago, the City Colleges, or Metropolitan Pier and Exposition Authority?	Chicago Transit Authority, Chicago Board of Education, Ch		
	Mame Name Nature of Service	Domestic Partner provided services:  Governmental Unit with Which Person Did Business	+Amount of Income By Category	
5	In 2021, did any entity in which you OR your spouse or \$5,000.00 for professional*, business or other services rend Transit Authority, Chicago Board of Education, Chicago Pe	ered to any person* or entity doing business* with the Cit trk District, Chicago City Colleges, or Metropolitan Pier a	y of Chicago, the Chicago	
	If YES, provide the following information about the entity in which you spouse domestic partner have a financial interest:			
	Name	Name of Person to which Services were provided		
	- 1	Governmental Unit with Which Person Did Business	+Amount of Income By Category	
6.	In 2021, did you have a financial interest* in any person* doing bless than ½ of 1% (.5%) of the company's outstanding st purchased from insurance companies, need not be disclosed.)	ock, or demand deposits in financial institutions, or endown	corporations that represent ments, policies of annuilles Yes No	

Title or Description of Position Your held in This Person

7.	In 2021, did you have a financial interest* in any person* conducting business* in Chicago? (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 annuitles purchased from insurance companies, need not be disclosed) Yes  No			
	If YES, provide the following for each person:			
	Name Type/Instrument of Ownership			
8.	In 2021, 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 real estate) and the appropriate Category of the amount of gain realized for each identified asset (see note at top of form).  +Amount of Income			
	Do you <u>currently</u> have a financial interest* in real estate located in the City of Chicago, other than your principal place of residence? Include all forms of direct or indirect ownership, such as partnerships or trusts whose corpus consists primarily of real estate. (If your principal place of residence is in a multiple-unit or mixed-use building in which you have a financial interest*, answer "yes" to this question.)  Yes No			
	If YES, identify the real estate by address (see note at top of form for filers from certain departments), including zip code, or, if there is no address, by legal description:			
10.	In 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 \$250.00? Yes No  If YES, identify the person or persons from whom you received such gifts:			
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11.	In 2021, did you receive any improper gifts* that you disposed of in accordance with Section 2-156-144 of the Governmental Ethics Ordinance?  Yes No			
	If YES, identify the improper gilt(s), the denor(s) if known, and method of disposal as specified in the ordinance			
12.	Do you <u>currently</u> have a financial interest* in any person* who in 2021 applied to the City of Chicago for a license or franchise, or any permit for annexation, zoning or rezoning of real estate?			
	If YES, list the name of the person(s) in which you have financial interest and describe the City action requested (including the nature of the application sought or the nction requested):			
	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 2021? (Do not include: (1) debt instruments issued by financial institutions whose normal business includes the 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 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,  Is the Person a Debtor,  Type of Debt			
14.	Creditor or Guarantor Creditor or Guarantor Instrument			
	Muzzes Lamos EnACCION (BOAVA Member), HACE Chicago Aux Board			
15.	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 Cook County Clerk, or any other unit of local government in the State of Illinois?			
	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?			
	If YES, name the relative(s) or domestic partner(s), his/her/their relationship to you, the city contractor(s), and his-her /their position with the contractor(s):  Name(s) of Relationships  Contractor(s)  Position			
belie	IFICATION: I declare that I have examined this Statement of Financial Interests, including any accompanying documents, and to the best of my knowledge and af it is true and complete. Lunderstand that knowingly filing a Statement containing false or misleading Information or failing to file by deadline, can result in oval from office or in employment sanctions, including discharge, in accordance with applicable rules, regulations and ordinances of the City of Chicago.			

Signature and Date