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

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, <u>you must return this form no</u> later than the close of business Monday, May 2, 2022 to: Board of Ethics, 740 N. Sedgwick, Suite 500, later than the close of busi Chicago, IL 60654-8488

City of Chicago Board of Ethica AUG 1 0 2022

Please complete this form, sign it and then mall / deliver it to the Board of Ethics.	We cannot accept	t Statements via e-mail or fax.	Please answe
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 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,

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ES, provide the following	for each person:		3				
lame			Type/Instrument of Ownership				
2021, did you realize	a capital gain of \$5,000.0	0 or more from the	sale of any capital	asset other than	your principal	place of reside Yes No	nce?
ES, identify the asset(s):	sold (including the address or	legal description of the	a real estate) and the	appropriate Catego	ry of the amount	of gain realized fo	or each
ntified asset (see note at	IDS EUROPACIFIC	GALLIH CAE	PEX) - CATE	GCAY B	1.0	mount of Income	
JANUS FUNE	IDS EUNOPACIFIC LLASS T (JA	MRX) - CATE	CCRY A	150V3000		Category	
ns of direct or indirect	financial interest* in real ex t ownership, such as parti -unit or mixed-use bullding	nerships or trusts wi	hose corpus consis	ts primarily of re	al estate. (If yo this question.)		
YES, identify the real e	state by address (see note	at top of form for filer	s from certain depar	tments), including	zip code, or. if	there is no addre	ess, by
						1	
	from any person* (other th					gete value in ex Yes No	cess
YES, identify the person	n or persons from whom you	u received such giffs.					
	any improper gifts* that yo				and the same of	al Ethics Ordina Yes X No	nce?
						Tes (23) NO	
res, identify the improj	per giff(s), the donor(s) if kn	own, and method of d	изрован ав зрестео	in the ordinance			
						_	
r annexation, zoning o	infinancial interest in any prezioning of real estate? The person(s) in which you have					Yes No	
ught or the action requi	ested):					- /	
Name		A	ction Requested				
r the City of Chicago aking of loans of the lantracted, if the loans of you on the open man	anyone owes you more the in 2021? (Do not include tind received by you in ac are made at the prevailing ket at the price available to	: (1) debt instrument cordance with other rate of interest; or (to the public.)	ts issued by finance terms and condition 2) debt instruments	ial institutions wi ns standard for s issued by public	hose normal be uch loans at the ly held corpora	usiness include the time the debt tions and purch	s the was ased
	,			3 11.01 0 11.01 (40,0			
YES, provide the follow	ing information:	la th	e Person a Debtor.		T (D-1)		-
Name of Debtor, Creditor or Guarantor			illor or Guarantor		Type of Debt Instrument		
	ny board or commission (e			r not for compen	sation)?	Yes No	
	(s) of board(s) and your pos BLIC SCHOOLS				En 100	. CC Ho	-
CHICAGO DU	DEIC SCHOOLS	- ISLAIR EA	KLA CHITON	CCD CENT	ER LUCF	AT 2 CHOOL	
	covered relative* who is re ner unit of local governmen					ry of State, the Yes No	Cook
YES, name the lobbyis	t(s) and the lobbyist's relatio	onship to you:					
lame(s)		R	elationship				
you now have any rela	tive* or domestic partner* w	vho is an employee or	full- or part-owner of	f a City contractor		Yes 🛛 No	
	or domestic partner(a), his/he	entheir relationship to y	ou, the city contractor	(s), and his/her /th	eir position with t	he contractor(s):	
ES, name the relative(s)							
Name the relative(u) Relationships		Contractor(s	1)	Pos	ition		

Signature and Date