

CITY OF CHICAGO 2022 STATEMENT OF FINANCIAL INTERESTS

To avoid a violation of the Governmental Effics 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 Eusiness Monday, May 2, 2022 to: Board of Ethics, 740 N. Sedgwick, Suite 500, Chicago, IL 60654-81483

	- Please complete this form, sign it and then mail / deliver it to the Eourd of Ethics. We cannot accept Statements via e-mail or fax. Please answer 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, 26-flats."											
_	Last Name: BOUCL Fiest Name: Veless Middle Initial: M											
	Address: City: Chica State: IL Zip Code: Lolo											
	Constitution of the contract o	Λ										
	City Department/Agency: Chy (Burci) Title: Landidate For Mickey 1987	1 /										
1.	In 2021, were you employed by any governmental unit other than the C :y of Chicago?											
	If YES, list the name of each governmental unit:											
	NIA											
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 appointm∌nt) isom which you received or derived income of more than \$1,000.00?											
	Name & Boyce Enterprise Type of Organization Position Pos											
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 s∈ vice ::											
	Name Nature of Service Nature											
4.	In 2021, did your spouse or domestic parkner* 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 Spouse/ D_medic Partner provided services:											
	Name Nature of Service Governmental Unit with Which Person Did Business Name By Category											
5	In 2021, did any entity in which you OR your spouse or dometic partner* have a financial interest* receive compensation in excess of \$5,000.00 for professional*, business or other services rendered the any person* or entity doing business* with the City of Chicago, the Chicago Transit Authority, Chicago Board of Education, Chicago Park Discrict, Chicago City Colleges, or Metropolitan Pier and Exposition Authority? Yes No											
	If YES, provide the following information about the entity in which your-spouse/domestic partner have a financial interest:											
	Name Name of Person to which Services were provided											
	Nature of Service Governmental Unit with Wt Ich Ferson Old Business HAmount of Income By Category											
6.	In 2021, did you have a financial interest* in any person* doing busine=s* with the City? (Note: stock interests in publicly held corporations that represent less than ½ of 1% (.5%) of the company's outstanding stock, ar demand deposits in financial institutions, or endowments, policies or annulities purchased from insurance companies, need not be disclosed.)											
	If YES, provide the following for each person:											
	Name Title or Description of Position Your held in This Person											

7.						person* condu pany's outs:ar s, need not be				ote: stock in n financial i	terests in p nstitutions, [ublicly held or endowm Yes	corporations ents, policies No	
		rovide the fo	nowing for e	acn perso				Type/Instrum			A	4		
	Name			M	A			of Ownership	1000000		MI			
8.	In 2021	, did you re	alize a ca	pital gain	of \$5,000.0	00 or more fr	ne sa	le of any cap	oital asset	other than	your princ [ipal place q	of residence? No	
						ır legal desc îp								ch
	identified	asset (see	note at top o	of form).	ne address c	, regar descrip						+Amount o	Income	ta
						NH						By Categor		ħ) o
9.	forms of	f direct or I	ndirect ow	nersnip, s	such as par	estate locat∋c tnerships cr g in which /o	1 3270 a f	inancial inter	est* answ	er "ves" to	this question	on.) /	e? Include all cipal place of	l f
	IF YES.	identify the	real estate	by addre	ss (see note	at top of form	ı Dr filers	from certain o	lepartment	s), including	zip code, o	or, if there is	no address, l	by 1557S. Stlous
		escription:	13/17/	s.ehr	TLL	0623	13:	0657	Ind. C	Blvd (higgi	It	6062	3 CfoIL 60 6 33
10				_) aant (athar	than relatives	* ar a don	nestic partne	r*) one or	more gifts h	naving an a	ggregate va	alue in excess	s
	if YES	, identify the	person or	persons fi	rom whom y	ou receivea s	.ca efts:							
							M	A						
11	. In 202	1, did you r	eceive any	imprope	gifts* that y	ou disposed	ofir acco	rdance with S	Section 2-1	156-144 of t	he Governr	mental Ethio	os Ordinance	?
	If YES	, identify the	s improper	gift(s), the	donor(s) if I	known, and n≅	tho: of di	sposal as spe	cified in th	e ordinance				
							M	A						
12	for an	nexation, z	oning of re	Zorning of	rear estate	y person* who								
	If YES	S, list the na it or the acti	me of the p	erson(s) i	n which you	have financial	ir terest a	nd describe ti	ie City acti	on requeste	d (including	the nature	of the applicat	
	Nam		on request.	M	A		Ac	tion Requeste	ed		MI	A		
13	for th makir contra	e City of C ng of loans acted, if the	of the kind loans are	d received	by you in a	than \$5,000.2 de: (1) debt in accordance wang rate of inta a to the public	ith other erest or (2	terms and co 2) debt instru	nditions s ments issu	tandard for ued by publ	such loans icly held co	s at the time prporations	e the debt wa and purchase	as
	If YE	S, provide ti	ne following	informati	on:			- Davison & D	obtor		Type of D	Debt	1/4	
	Cre	ne of Debto ditor or Gua	rantor		MA		Cred	e Person a Di ditor or Guarai	ntor	MA	Instrume	nt	LI 100	
1						(even if not a			sion, or ne	ot for comp	a,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	0	onrac	IGW !	rill (ommu	position(s) on	Sara	tions (NFP		FGU		9
	15. Do y Cou	ou <u>currentl</u> nty Clerk, c	y have a co or any othe	overed rel r unit of lo	ative* who i	s registered a ment in the St	as a obby are of Illin	ist with the Çi iois?	ity's Board	of Ethics, t	he Illinois S	Secretary of Yes	State, the Co	OOK
	If YE	ES, name th	e lobbyist(s	s) and the	lobbylist's re	lationship to yo						ALLA		
		me(s)			4 A			Relationship			0	□ Vac	TINO	
	16. Doy	ou now hav	e any relativ	ve* or don	nestic partne	er* who is an er	⊔⊃ležee c	r full- or part-	owner of a	City contrac	torr	108	ontractoris).	
	Na	S, name the ame(s) of elationships		or domestic	partner(s), h	is/her/their rel 3	tienst ip to Con⊾ractor		N f), and his/her	Position Position)	1HA	
	VEDIEIC	NTION: I dec	lare that I h	ave examin	ned this State	ement of Finance ngly filing a Se	cal Interest a.∈m∋nt co	s, including ar	ny accompa or misleadir	inying docum	nents, and to in or failing to l ordinances	the best of to file by dea of the City o	my knowledge adline, can resi f Chicago.	and ult in
	removal	from office o	r in employr	nent sancti	ions, includin	ngly filing a Stage g discharge, in	ECCCTIONCE	e with applicab	Tules, 18	0/19	/ 20:	22	NET-	
			181	11	2	Ny	Signature	and Date			-			