

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

## CITY OF CHICAGO 2024 STATEMENT OF FINANCIAL INTERESTS

To avoid a violation of the Governmental Ethics Ordinance and sanctions, including a **\$250 per day fine until you file** and having your name and violation being made public, <u>you must</u> <u>return this form no later than the close of business Wednesday, May 1, 2024</u> to: Board of Ethics, 740 N. Sedgwick, Suite 500, Chicago, IL 60654-8488.

Please complete this form, sign it and then mail / deliver it to the Board of Ethics. Please answer all 17 questions and sign and date 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, CCPSA, Inspector General's Office, Civilian Office of 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:			Fir	st Name:				N	liddle Initial:	
Address:				City:		Stat	e:	Z	ip:	
City Depart	tment / Agency:									
<b>1</b> . In 2023,	were you employed	l by any governmental i	unit other th	han the Ci <sup>.</sup>	ty of Chic	ago?			······ 🏾 Yes	🗌 No
lf YES, list tl each gover	he name of mmental unit									
organizatio	n (other than your (	employee, officer, dire City employment or app	ointment)	from whic	h you rec					ness or
If YES, for ea	ach organization pr	ovide the following info	rmation (se	e note ab	ove:					
Name & Address:		·	pe of Janization:			Your Position:			Amount of income by category	
business* w Metropolita	vith the City of Chica an Pier and Exposition	npensation in excess of ago, Chicago Transit Au on Authority? r each person to which	thority, Chi	cago Boar	d of Educ	ation, Chicago	o Park Distr	ict, Chicago C	ity Colleges, or	No No
Name:		Natur Servio				Governmental which person c	Unit with		Amount of ind by category	
If YES, provi	ide the following fo	politan Pier and Exposi r each person to which Natur Servio nich <b>you OR your spou</b> :	Spouse/Dor e of e:	mestic Par	tner prov	Governmental which person c	Unit with lid business		Amount of ind by category	
of Educatio	n, Chicago Park Dis	r services rendered to a trict, Chicago City Colleg formation about the en	ges, or Metr	opolitan F	ier and E	xposition Aut	hority?		. 🗌 Yes	ty, Board 📃 No
Name:				Na	me of pe	rson to which re provided				
Nature of Service:			Governmenta vhich person		ss				Amount of income by category	
represent <b>l</b> e annuities p	ess than 1/2 of 1% (.	ncial interest* in any per 5%) of the company's o rance companies, need r <mark>each person:</mark>	utstanding	stock, or c	lemand c	leposits in fina	ancia <b>l</b> instit	utions, or end	lowments, <u>pol</u> icies	s or
Name:						tle or Descript ou Held in This		tion		
that represe annuities p	ent less than 1/2 of	ncial interest* in any per 1% (.5%) of the compan rance companies, need r each person:	y's outstan	ding stock	, or dema	and deposits in	n financia <b>l</b> i	nstitutions, o	r endow <u>m</u> ents, po	
	-				,					
Name:						Type / Instrur Ownership	nent of			

## 8. In 2023, did you realize a capital gain of \$5000 or more from the sale of any 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).

						Amoun by cate	t of income gory
of direct or indirect owners	a financial interest* in real estate loc rship, such as partnerships or trusts v e building in which you have a finan	vhose corpus co	onsists primarily of	real estate. (If	your principa	l place of	residence is in a
If YES, identify the real esta legal description:	ate by address, (see note at top of fo	orm for filers fro	m certain departm	ents), inc <b>l</b> udin	g zip code, or,	, if there i	s no address, by
	ve from any person* (excluding relat						lue in excess of Yes No
If YES, identify the person o	or persons from whom you received	l such gifts:					
	ve any improper gifts* that you disp						
	er gift(s), the donor(s) if known, and						Yes No
	e a financial interest* in any person* oning of real estate?						
If YES,list the name of the p sought or the action reque	person(s) in which you have a financ ested:	ial interest and	describe the City a	ction requeste	ed (including t	he natur	e of the application
Name:		Ad	tion Requested				
City of Chicago in 2023? (E the kind received by you ir made at the prevailing rate	or anyone owes you more than \$5000 Do not include: (1) debt instrument: n accordance with other terms and o re of interest; or (2) debt instrument: lic.)	s issued by finar conditions stand s issued by publ	ncial institutions w dard for such loans	hose normal b at the time the ons and purch	usiness includ e debt was co ased by you o	les the m ntracted, n the ope	aking of loans of if the loans are
If YES, provide the followin	ng information:		-				
Name of Debtor, Creditor or Guarantor:			e person a Debtor, litor or Guarantor?		1 .	of Debt ument	
<b>14</b> . Do you now serve on <b>a</b>	<b>any</b> board or commission (even if no	t a City board o	r commission, or n	ot for compen	sation)?		🗌 Yes 🗌 No
If YES, provide the Name(s)	s) of board(s) and your position(s) on	the board(s):					
<b>15</b> . Do you <u>currently</u> have	e a covered relative* who is registere	d as a lobbyist v	with the City's Boar	d of Ethics or t	he <b>Ill</b> inois Sec	retary of	State?
If YES, name the lobbyist(s)	s) and the lobbyist's relationship to y	ou:					
Name(s):			Relationship				
	relative* or domestic partner* who i ) or domestic partner(s), his/her/thei						
r				1	г		
Name(s) and Relationship(s)		Contractor(s)			Position(s)		
<b>17.</b> Are you <u>currently</u> a City	y Council employee* or City Council	contractor*?					🗌 Yes 🗌 No
If YES, provide the name	e(s) of each City Council member	r, City Council	Committee or Ci	ty Council Bu	reau for who	om you v	work:

VERIFICATION: I declare that I have examined this Statement of Financial Interests, including any accompanying statements, and to the best of my knowledge and belief it is true and complete. I understand that knowingly filing a Statement containing false or misleading information or failing to file by deadline, can result in removal from office or in employment sanctions, including discharge, in accordance with applicable rules, regulations and ordinances of the City of Chicago.