

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: | | | | | | | | | |
| 1 . In 2023, | were you employed | l by any governmental i | unit other th | han the Ci [.] | 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 you OR your spou : | 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 l 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 l 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 l 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 l 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 | |
| 14 . Do you now serve on a | any 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): | | | | | |
| | | | | | | | |
| 15 . 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 Ill 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) | | |
| 17. 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.