

CITY OF CHICAGO 2015 STATEMENT OF FINANCIAL INTERESTS

740 N. Sedgwick, Ste. 500 Chicago, IL 60654-8488 (312) 744-9660 To avoid a violation of the Governmental Ethics Ordinance and sanctions, including a \$250 fine and having your name and violation being made public, you must return this form no later than **June 1, 2015 to:** Board of Ethics 740 N. Sedgwick, Ste. 500 Chicago, IL. 60654-8488

form - If yo - Teri	ats. Ple ou need ms with	ase answer a more room, an asterisk(*	m, sign it and t alf 16 question: please attach a) are defined o	s and sign and label e on the instr	your form b xtra sheets, uction shee	efore ret t,	ırning it,	Ka.	A NO	in pri		FUL	II GA
NOTE	A= E: for pu ority an operty is	\$25,000 or m iblic safety red d Office of Em	licate the appriore B= : asons, filers in the nergency Commor 9; for question	\$5,000 - \$2 the Chicago nunications	4,999 Fire and Po or who are	C≔ less lice Depa building	than \$5,000 rtments, Insp inspectors ne	ector Gene	ral's Office, In	dependei ss of busii	nt Police Revi	Mrasons CEI	
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Last Na	me: (arr		First Na —	ime: YV	90	11n	Mid	Idle Initial:	1	-21	AD OI	FE.
Address	5:				_ ,								
		nt/Agency: _{	9 W.	س	aski	ngf	OVI	Itle:	andi	dat	re	7	
1. In 20	14, wer	e you employe	ed by any gover	nmental ur	nit other thar	n the City	of Chicago?				Yes	₩ No	
		name of mental unit			1000								
professi	onal, bu	isiness or orga	n employee, off inization (other	than your	City positio	n) from v	hich you rece	eived or deri	ived income of		in Yes	No.	
If Y	ES, for e	ach organizat	ion provide the	following i	nformation:	(see note	above)						
Name & Address				1 '/	pe of ganization:			Your Position			- Amount of Inc y Category	ome,	
business	s* with t	he City of Chi	mpensation in e cago, the Chica leges, or Metro	go Transit A	Authority, Bo	ard of Edu	ication (Includ	ding the Chi	icago School Re				
If Y	ES, prov	ide the follow	ing for each pe	rson to whi	ch you provi	ded servi	es:						
Name				Nature of Service				ent Unit With rson Did Busir	ness		Amount of Inc y Category	ome,	
to a pers	son* or	entity doing b	or domestic par usiness* with th icago Park Disti	ne City of Ci	hicago, the C	hicago Tr	ansit Authorit	ty, Board of	Education (incl	luding th	e Chicago Sch	ool	,
							domestic pa	-			Yes	ŪN ₀	
If Y	ES, prov	ide the follow	ing for each pe	rson to whi	ch Spouse/ [Domestic	Partner provid	ded services	:				
Name				Nature of Services				ent Unit With rson Did Busin	ness		Amount of Inc y Category	ome,	
for profe Board of	essional' f Educat	*, business or i	hich you OR yo other services ro the Chicago Sc	endered to hool Reform	any person* n Board of Ti	or entity rustees), (doing busine: Thicago Park (ss* with the District, Chic	City of Chicago ago City Colleg	o, the Chi	cago Transit A	Authority,	
If Ye	ES, prov	ide the follow	ing information	about the	entity in whi	ich you/sp	ouse/domes	tic partner h	nave a financial	interest:		ци	
Name						, ,	me of Person vices were pr						
Nature o Services					vernment Unit ich Person Die					+ Amo By Cat	unt of Income, egory		
were ow nsuranc Novemb	ned price ce comp per 1, 20	or to Novemb anies need no 12, must be di	incial interest* i er 1, 2012, time ot be disclosed, i isclosed if the co	or demand but stock w orporation i	f deposits in orth \$15,000	financial or more	institutions, o of a publicly h	or endowme held corpora	nts, policies or ation which sto	annuities	purchased fr	om	1
Name	YES, pr	ovide the follo	owing for each p	erson:		minto-		or Descript Held in This	ion of Position Person				

you owned prior to insurance compan	o Novem iles need	ber 1, 2012, o not be disclos	st* in any person* c r time or demand d ed, but stock worth ne corporation is co	eposits in financial \$15,000 or more or	nstitutions, or e a publicly held	ndowments, po corporation wh	licies or annu ich stock you	ities purchase	ed frøm
If YES, provide	e the foll	owing for each	person:						4
Name					Type / In Ownersh	nstrument of			
			f \$5,000.00 or more					e of Yes	t /No
If YES, identify th	ne asset(s) sold (includi	ng the address or le ote at top of form).						t of gain
							+ Amoun Category	t of gain , By	
forms of direct or in	ndirect o	wnership, suc	rest* in real estate lo h as partnerships or se building in which	trusts whose corpu	s consists prima	arily of real estat	te. (If your pri	ncipal place o	
If YES, identify legal descripti		estate by add	ress (see note at top	of form for filers fr	om certain depa	artments), includ	ding zip code	, or, if there is	no address, by
aggregate value in	excess o	of \$250.00?	son* (other than rel				aving an	Yes	
If YES, identify	the per	son or persons	from whom you re	ceived such gifts:					1
Governmental Ethi	cs Ordin	ance? ,	gift* that you dispo	***************************************	***************************************	***************************************		Yes	[]/No
									/
permit for annexati	ion, zoni	ng or rezoning	y person* who in 20 of real estate?			***************************************		Yes	₽/No
If YES, list the nai application soug			which you have fina sted):	ncial interest and d	escribe the City	action requeste	ed (including	the nature of	the
Name						Action Requested			
of Chicago in 2014? the kind received b made at the prevail price available to th	(Do no y you in ling rate ne public	t include: (1) of accordance w of interest; or ::)	than \$5,000.00, did lebt instruments iss ith other terms and (2) debt instrument I neither owe or a	ued by financial ins conditions standar s issued by publicly	titutions whose d for such loans held corporation	normal busine at the time the	ss includes th debt was cor	ne making of l etracted, if the	oans of loans are
If YES, provide		wing informa	tion:	la the Remor	. Раман Г		T Tunn of Do	L. [
Name of Debtor, Creditor or Guar			-	Is the Persor Creditor or C			Type of De Instrument		
			mmission (even if n s) and your position		ommission, or n	ot for compens	ation)?	Yes	₽ No
								1111	0
If YES, name th			stic partner* who Is obbyist's relationshi		ylst with the Cit	•		Yes	Ŋno
Name(s)						Relationship			/
If YES, name the			tic partner* who is a partner(s), his/her/t					Yes position with	The No
contractor(s): Name(s)/ relationship(s)			Con	ntractor(s)		Po	sition(s)		
belief it is true ar	nd comple	ete. I understan	nined this Statement of d that filing a Stateme ng discharge, in accor	nt containing false or	misleading inforn	nation with the in	tent to mislead	can result in re	

Signature and Date