

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

CITY OF CHICAGO 2014 STATEMENT OF FINANCIAL INTERESTS

To avoid a legal violation and sanction, including a \$250 fine and having your name and violation being made public, you must return this form no later than **June 2, 2014 to:**Board of Ethics 740 N. Sedgwick, Ste. 500 Chicago, IL (1988)

	(312) /44-	9000						,	6/70-	CH/
- Ten	ase print out this f ements via e-mail, ou need more roo ms with an asteris questions 2-5 & 8, A=\$25,000 o	k(*) are defined indicate the app	on the ins	ncome, comp	ensation				thics, we cannot git.	CE _{IVE} 2 0 2014
Comi	e: for public safety	reasons, filers in to are building in	the Chicag spectors n	go Fire and Po need not disclo	lice Depar	rtments, Indep dress of busin	ess(es), orge	anization(s) or	hority and Office of property in qualifor flats, etc.	Emergen C
Last Na	me: Koz	LAR	First	Name:	Tohn	1	Mide	de Initial:	ζ	
Address							_		ite: IL Zip: 6	
City De	partment/Agency:	CANdid	ate	City o	of Ch	icago Tit	e: <u></u>	JermA	n, 11th 1	WARD
1. ln 20	13, were you emple	oyed by any gove	rnmental i	unit other than	the City o	of Chicago?			Yes	No.
	, list the name of governmental unit									
for, any \$1,000.0	13, were you an en professional, busin 10?	ess or organizatio	n other th	nan the City fr	om which	you received	or derived i	ncome of more		No.
Name & Address		zation provide the		Type of Organization:	(See Hote a	above)	Your Position		+ Amount of In By Category	come,
business Park Dist	13, did you receive * with the City of C trict, Chicago City C ES, provide the folk	hicago, the Chica Colleges, or Metro	igo Transit politan Pie	: Authority, Bo er and Expositi	ard of Edu on Author	cation (includ	ng the Chic	ago School Ref	o a person* or entity form Board of Truster Yes	doing es), Chicago No
Name			Nature o Service	of		Governmen Which Perso	t Unit With on Did Busine	955	+ Amount of In By Category	come,
to a pers	on* or entity doing	business* with t	he City of (Chicago, the C	hicago Tra	ansit Authority	, Board of E	ducation (inclu	ness or other service ding the Chicago Sci	hool
				I had no	spouse or	domestic part	ner in 2013.		Yes	No
If YE	ES, provide the follo	owing for each pe	Ē		omestic P	7.			_	
Name			Nature o Services	of		Governmen Which Perso	t Unit With on Did Busine	ss	+ Amount of In	come,
for profe Board of	ssional*, business o	or other services r ng the Chicago So	endered to chool Refo	o any person* rm Board of Tr	or entity d ustees), Cl	loing business hicago Park Di	* with the C strict, Chica	ity of Chicago, go City College	nsation in excess of \$ the Chicago Transit s, or Metropolitan Pi	Authority,
IfYE	S, provide the follo	wing information	about the	e entity in whi	ch you/spo	ouse/domestic	partner ha	ve a financial in	nterest:	
Name						ne of Person to vices were pro				
Nature o Services	f			overnment Unit hich Person Did					+ Amount of Income, By Category	
were own insurance Novembe	ned prior to Novem e companies need : er 1, 2012, must be	nber 1, 2012, time not be disclosed, disclosed if the c	e or deman but stock v orporation	nd deposits in worth \$15,000	financial ir or more o	nstitutions, or of a publicly he	endowmen Id corporat	ts, policies or ar ion which stock	icly held corporation nnuities purchased f you acquired on or Yes	rom /
Name	YES, provide the fo	nowing for each	person;				r Descriptio	n of Position		

You Held in This Person

from ins	a owned prior to I surance companie	a financial Interest* In any i November 1, 2012, or time as need not be disclosed, b	or demand out stock wor	deposits in financia th \$15,000 or more	l institution of a public	ns, or endowmer	nts, policies o ion which sto	r annuities pu	ırchased
		must be disclosed if the co ollowing for each person;	rporation is c	onducting busines	s in the Cit	у.)	***************************************	···· Yes	☑ No
Name					Type / Owner	Instrument of			
8. In 201	13, did you realize	e a capital gain of \$5,000.00	0 or more fro	mthe sale of any ca	pital asset	other than your	principal pla	ce of	/
If YES,	identify the asset	t(s) sold (including the add	dress or legal	description of the p	eal estate)	and the appropr	iate Categor	Yes y of the amou	☑ No nt of gain
							+ Amou	nt of gain , By	
							Categor		
a multipl	indirect ownersh e-unit or mixed-u	l interest* in real estate loc ip, such as partnerships or ise building in which you h al estate by address (see no	trusts whose have a financi	corpus consists pr ial interest*, answei	marily of r "yes" to th	real estate. (If yo nis question.)	ur principal p	lace of reside	nce is in
								-	
10. In 20 aggregat	13, did you recelv e value in excess	e from any person* (other of \$250.00?	than relative	s* or a domestic p	artner*) on	e or more gifts h	aving an	Yes	No
If YE	S, identify the per	son or persons from whom	n you receive	ed such gifts:					
L				-					/
Governm	ental Ethics Ordin	e an improper gift* that yo nance? proper gift(s), the donor(s)						☐ Yes	No No
	1								
2. Do yo	u have a financia	l interest* in any person* v	vho in 2013 a	pplied to the City o	f Chicago	for a license or fi	anchise, or a	ny	
If YES, Ii	st the name of th	ing or rezoning of real esta e person(s) in which you h e action requested);							the No
Name						Action Requested			
f Chicago he kind re nade at th rice availa	o in 2013? (Do no eceived by you in ne prevailing rate able to the public	wes you more than \$5,000 It include: (1) debt instrum accordance with other ter of interest; or (2) debt inst	nents issued b ms and cond truments issu	by financial instituti litions standard for	ons whose such loans corporati	e normal busine: at the time the	ss includes th debt was con	e making of I	oans of
	f Debtor, r or Guarantor			is the Person a De Creditor or Guara			Type of De		
		ard or commission (even it			, or not fo	r compensation)	?	Yes	D/10
		or domestic partner* who			ne City of (Chicago's Board	of Ethics?	Yes	No.
Name		st(s) and the lobbyist's rela	tionship to y	ou:		Relationship			
. Do you	have a relative* o	or domestic partner* who i	is an employe	ee or full- or part-ov	vner of a C	ity contractor* ?			_/
If YES, na contracto	me the relative(s) or(s):	or domestic partner(s), hi						Yes	the
Name(relatio	nship(s)		Contracto	or(s)		Posi	tion(s)		
belief it	is true and complet	hat I have examined this State te. I understand that filing a S portions; including discharge, I	In accordance	aining false or mislea	đina inform	ation with the inte	ent to mislead	can result in rer	noval from