

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

A= \$25,000 or more

2018 STATEMENT OF FINANCIAL INTERESTS ECEIVED **CITY OF CHICAGO**

To avoid a violation of the Governmental Ethics Ordinance and sanctions, including fines and thating of your name and violation being made public, you must return this form, completed and signed, no later than the close of business Thursday, May 31, 2018 to:

Board of Ethics 740 N. Sedgwick, Ste. 500 Chicago, IL

C= less than \$5,000

60654-8488

Please complete this form, sign it and then mail / deliver it to the Board of Ethics. We cannot accept Statements via e-mail, fax o formats. Please: answer all 16 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

B= \$5,000 - \$24,999

NOTE: for security reasons, filers in the Chicago Fire and Police Departments, Inspector General's Office, Civilian Office of Police Accountability and Office of Emergency Communications and building and health inspectors need not disclose the address of business(es), organizations or property in questions 2 or 9; for question 9, however, they must list the number and types of properties owned, for example: two 6-flats, etc.

ast Name: BA	NK	First Name	ROS	BER	7	Middle Initial:	A.	_	
lailing Address:					City: (CHICAGO	State: /	L . Zip: 60	20
ty Department/Bo Commission:	ard N	/ACH	DON	FUR TORK	City: (FIFE Title: 0 FOR AT+T	F THE 4	5 TH W.	RALDER	MAN
In 2017, were you	employed by any gove	ernmental unit o	other than th	ne City of C	Chicago?			· Yes	No
If YES, list the name each government									
fessional, busines	erve as an employee, o s or other organization ore than \$1,000.00?	(other than yo	ur City emp	oloyment	or appointment) from which yo	u received o		No.
If YES, for each o	rganization provide th	e fallowing info	rmation: (se	e note abi	ove)				
me & Idress:		Type Organ	of nization:		You Pos	ition		+ Amount of Inco By Category	ome,
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professional*, bus cago Board of Edu	ntity in which you OR iness or other services cation, Chicago Park D ne following informatio	rendered to any listrict, Chicago	person* or City College	entity doi s, or Metro	ng business* with opolitan Pier and	n the City of Chi Exposition Aut	cago, the Ch hority?	nicago Transit A	
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esent less than 1/	ive a financial interest* 2 of 1% (.05%) of the courchased from insurar	ompany's outst	anding com	mon stock	c, or time or dem	and deposits in		stitutions, or en	dowment
If YES, provide	the following for each	person:						Yes	∐ No
me					Title or Description of Position				

You Held in This Person