Fam not a

Name

Chicago, IL 60654-8488 (312) 744-9660

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.

a didaso CITY OF CHICAGO

2018 STATEMENT OF FINANCIAL INTE

To avoid a violation of the Governmental Ethics Ordinance and sanction your name and violation being made public, you must return this form later than the close of business Thursday, May 31, 2018 to: Board of Ethics 740 N. Sedgwick, Ste. 500 Chicago, IL Please complete this form, sign it and then mail / deliver it to the Board of Ethics . We cannot accept Staten

In questions 2-5 & 8, indicate the appropriate income, compensation or capital gain by writing in the appropriat 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, 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. Last Name: Raviere Mailing Address City Department/Board or Commission 1. In 2017, were you employed by any governmental unit other than the City of Chicago? If YES, list the name of each governmental unit 2. In 2017, did you serve as an employee, officer, director, associate, partner, or proprietor or in any advisory capacity for any professional, business or other organization (other than your City employment or appointment) from which you received or derived income of more than \$1,000.00? If YES, for each organization provide the following information: (see note above) Chicago Principals & Name & Type of Your Address: Admin Organization: Position 20 N. Wacker # 1343 3. In 2017, did you receive compensation in excess of \$5,000.00 for professional*, business or other services rendered to a person* or entity doing business* with the City of Chicago, the Chicago Transit Authority, Chicago Board of Education, Chicago Park District, Chicago City Colleges, or Metropolitan Pier and Exposition Authority? If YES, provide the following for each person or entity to which you provided services: Nature of Government Unit With Which Amount of Income Name Service Person or Entity Did Business By Category 4. In 2017, did your spouse or domestic partner* receive compensation or payment in excess of \$5,000.00 for professional*, business, employment, work or other services rendered to a person* or entity doing business* with the City of Chicago, the Chicago Transit Authority, Chicago Board of Education, Chicago Park District, Chicago City Colleges, or Metropolitan Pier and Exposition Authority? I had no spouse or domestic partner in 2017 No If YES, provide the following for each person or entity to which Spouse/ Domestic Partner provided services: Nature of Amount of Income, Name Services Person or Entity Did Business By Category 5. In 2017, did any entity in which you OR your spouse or domestic partner* have a financial interest* receive compensation in excess of \$5,000.00 for professional*, business or other services rendered to any person* or entity doing business* with the City of Chicago, the Chicago Transit Authority, Chicago Board of Education, Chicago Park District, Chicago City Colleges, or Metropolitan Pier and Exposition Authority? Yes If YES, provide the following information about the entity in which you/spouse/domestic partner have a financial interest Name of Person or Entity to which Name Services were provided Nature of Government Unit With + Amount of Income. Services Which Person Did Business By Category 6. In 2017, did you have a financial interest* in any person* doing business* with the City? (Note: common stock interests in publicly held companies that represent less than 1/2 of 1% (.05%) of the company's outstanding common stock, or time or demand deposits in financial institutions, or endowments, policies or annuities purchased from insurance companies, need not be disclosed.) ✓ No If YES, provide the following for each person:

Title or Description of Position

You Held in This Person

If YE			ascu IIUII	n insurance compan	ies, need not	, pe disclosed.		Ye	s No
2	ES, provide the foll	owing for each person:							
lame					Type / Inst Ownership	rument of			
In 201	7, did you realize a	a capital gain of \$5,000.00 or	r more from	n the sale of any cap	ital asset oth	er than your p	rincipal plac	e of	s 📝 No
If YES,	identify the asset(s) sold (including the addres ed asset (see note at top of f	ss or legal c						
							+ Amour Category	nt of gain , By	
rms of	direct or indirect o	financial interest* in real es wnership, such as partnersh nit or mixed-use building in	nips or trust	ts whose corpus con	sists primari	ly of real estat	e. (If your pr	incipal place	Include all e of No
If YE lega	S, identify the real Il description:	estate by address (see note	at top of fo	orm for filers from ce	ertain depart	ments), includ	ling zip code	, or, if there	is no addre
gregat	e value in excess o	from any person* (other th			tner*) one o	r more gifts h	iving an	Yes	No 🔀
1115	s, identify the pers	son or persons from whom y	ou receive	d such gifts:					
. In 201 overnm	17, did you receive ental Ethics Ordina	any improper gift* that you ance?	ı disposed	of in accordance wit	h Section 2-	156-144 of the		☐ Yes	™ No
		roper gift(s), the donor(s) if l							
Do yo	ou currently have	a financial interest* in any p	erson* or e	entity who in 2017 ar	onlied to the	City of Chicae	o for a licen		
If YES, I applica Name	list the name of the	e person(s) in which you hav e action requested):	e the finar	ncial interest and de	scribe the Cit	ty action requ	ested (includ	ing the nati	ure of the
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