

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

CITY OF CHICAGO 2018 STATEMENT OF FINANCIAL INTERESTS

To avoid a violation of the Governmental Ethics Ordinance and sanctions, including fines and having 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

60654-8488

for - If		wer all 16 questi om, please attac	ons and sign h and label e	and date your form lextra sheets.	rd of Ethics . We canno before returning it.	ot accept Statem	ents via e-mail, fax	or PDF	
+ 11	n questions 2-5 & 8 A= \$25,000		propriate in 3= \$5,000 - \$3		or capital gain by writ than \$5,000	ting in the appro	ppriate category let	terVED	
and	d Office of Emerge	ncy Communicat	ons and buil	lding and health inspe	ents, Inspector General ectors need not disclose umber and types of pro	the address of b	usiness(es), organiz	ations or	
Last Nai	me: Mal	oney	First Nam	ne: Angeli	A Mid	dle Initial:	4	UZ ELAS	
Mailing	Address:	Ċ		·	City: Cl	Cago State	e: <u>T</u> L Zip: 6	0	
or Comi	partment/Board mission:	City		ne:1	Title: Ca	udilate	e for A	Idemai	7
		oyed by any gove	rnmental unit	t other than the City of	Chicago?		Yes	No	
	, list the name of governmental unit								
orofessio	onal, business or ot	ther organization	(other than)	your City employmen	proprietor or in any adv	n which you recei	ived or	□ No	
IfY		180		formation: (see note al			/		
Name & Address	Folk Mu	un School	Typ Orga	se of anization: not-fi	Your Position	Café	+ Amount of Inc	ome,	
ousiness	* with the City of C	compensation in Thicago, the Chica	excess of \$5,0 go Transit Au	100.00 for professional 1thority, Chicago Board	*, business or other send of Education, Chicago	Park District, Chic			
If Y	ES, provide the folk	owing for each pe	erson or entity	to which you provide	ed services:			/A No	
Name			Nature of Service		Government Unit With Wh Person or Entity Did Busine		+ Amount of Inc By Category	ome,	
vork or	other services rend	lered to a person'	or entity doi:	ng business* with the	nyment in excess of \$5,0 City of Chicago, the Chi d Exposition Authority? ad no spouse or domest	cago Transit Auth	nority, Chicago Board		3/18
If Y	ES, provide the follo	owing for each pe			mestic Partner provided	services:			
Name	Rozlyn C	oray	Nature of Services	Employed a Teacher	Government Unit With Wh Person or Entity Did Busin		+ Amount of Inc By Category	come, A	
or profe	ssional*, business	or other services i	endered to a	ny person* or entity d	have a financial interest oing business* with the tropolitan Pier and Expo	City of Chicago, t	the Chicago Transit /	Authority,	
If YE	ES, provide the folk	owing information	n about the e	ntity in which you/spo	ouse/domestic partner h	nave a financial in	terest:	,	
Name					of Person or Entity to which les were provided	A. 4			
Nature o Services			100000000000000000000000000000000000000	ernment Unit With th Person Did Business			+ Amount of Income, By Category		
epresen	it less than 1/2 of 1	% (.05%) of the co	ompany's out	standing common sto	h the City? (Note: comn ck, or time or demand e ed.)	deposits in financ	cial institutions, or en	ndowments,	
	YES, provide the fo						Yes	No.	
. [Title or Descript	ion of Position			

You Held in This Person

Chicago Public Schools 42W. Madison Chicago, IL 60602

City Govit

Teacher A

4. Yes Chicago P. Sliz Schools