Boardof Ethics

CITY OF CHICAGO 2018 STATEMENT OF FINANCIAL INTEREST:

740 N. Sedgwick, Ste. 500 Chicago, IL 60654-8488 To avoid a violation of the Governmental Ethics Ordinance/and english 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

(312) 744-9660 Please complete this form, sign it and then mail / deliver it to the Board of Ethics . We cannot accept Statements via e-mail, fax or 300 formats. Please answer all 16 questions and sign and date your form before returning it. ANDIDATE If you heed 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 appropr 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, the<u>y must l</u>ist the n<u>umber</u> and <u>types</u> of properties owned, for example: two 6-flats, etc. RIEMONTE CHICAGA State: 1 L Zip: 606 Mailing Address: City Department/Board Title 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) Name & Type of Your + Amount of Inco Address: Position Organization: By Category 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? ☐ Yes 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 Person or Entity Did Business Service 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? Yes I had no spouse or domestic partner in 2017. If YES, provide the following for each person or entity to which Spouse/ Domestic Partner provided services: Nature of Government Unit With Which Amount of Income Name Person or Entity Did Business Services 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 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

Government Unit With

Which Person Did Business

If YES, provide the following for each person:

Nature of

Services

Name

Title or Description of Position You Held in This Person Amount of Income

By Category

	companies that represent less than 1/2 of 1% (.05%) of the company's outstanding constitutions, or endowments, policies or annuities purchased from insurance comparations.	nies, need not be disclosed.)
	If YES, provide the following for each person:	
	Name	Type / Instrument of Ownership
	8. In 2017, did you realize a capital gain of \$5,000.00 or more from the sale of any cap	
1209	residence?	
		+ Amount of gain , By Category
	9. Do you currently have a financial interest* in real estate located in the City of Chicago, other than your principal place of residence? Include all forms of direct or indirect ownership, such as partnerships or trusts whose corpus consists primarily of real estate. (If your principal place of residence is in a multiple-unit or mixed-use building in which you have a financial interest*, answer "yes" to this question.) Yes	
	If YES, identify the real estate by address (see note at top of form for filers from clegal description:	certain departments), including zip code, or, if there is no address, by
		2.58.02.2
	10. In 2017, did you receive from any person* (other than relatives* or a domestic pa aggregate value in excess of \$250.00?	partner*) one or more gifts having an Yes
	in 125, lacinity the person of persons from whom you received such girls.	
	11. In 2017, did you receive any improper gift* that you disposed of in accordance w Governmental Ethics Ordinance?	Yes No
	If YES, identify the improper gift(s), the donor(s) if known, and method of dispos	osal:
	If YES, list the name of the person(s) in which you have the financial interest and deapplication sought or the action requested): Name	describe the City action requested (including the nature of the Action Requested
	13. If you <u>currently</u> owe or anyone owes you more than \$5,000.00, did the debtor, of or the City of Chicago in 2017? (Do not include: (1) debt instruments issued by final loans of the kind you received in accordance with other terms and conditions standal loans are made at the prevailing rate of interest; or (2) debt instruments issued by pure market at the price available to the public.)	creditor or guarantor of the debt do business* with or do work ancial institutions whose normal business includes the making of ard for such loans at the time the debt was contracted, if the
	If YES, provide the following information:	of antowed more than \$5,000.00
	Name of Debtor, Creditor or Guarantor Is the Person a D Creditor or Guarantor	50 A 10 A
	14. Do you now serve on any board or commission either as a volunteer or for compensation (i	(include non-City boards or commissions)? Yes No
	If YES, provide the Name(s) of board(s) and your position(s) on the board(s): PLESIDENT, ST. MARTIN DE PORCES HOUSE OF HORE BD OF DIREVAUNTEE BOARD ME UBEL, JOLTHERN ILLINOIS HISTORIC LEAGUE - VOLUNTEER 15. Do you currently have a relative* or domestic partner* who is registered as a lobbyist with the City's Board of Ethics? Yes	
	If YES, name the lobbyist(s) and the lobbyist's relationship to you: Name(s)	Relationship
	16. Do you currently have a relative* or domestic partner* who is an employee or full- or part-owner of a City contractor*?	
	If YES, name the relative(s) or domestic partner(s), his/her/their relationship to you contractor(s):	
	Name(s)/ relationship(s) Contractor(s)	Position(s)
	VERIFICATION: I declare that I have examined this Statement of Financial Interests form, and belief it is true and complete. I understand that knowingly filling a Statement contain result in fines, removal from office, or employment sanctions, including discharge, pacco Chicago.	ning false or misleading information, or failing to file by the deadline, can
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