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

Fo:

Name

Nature of

Services

CITY OF CHICAGO 2018 STATEMENT OF FINANCIAL INTEREST\$ UG 2 2 2018 To avoid a violation of the Governmental Ethics Ordinance tour name and violation (see

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

the appropriate category letter: Civilian Office of Police Accountability fress of business(es), organizations or named, for example: two 6-flats, etc. State: Zip: Color
ala
,
. X

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 No

Government Unit With

Which Person Did Business

Name of Person or Entity to white Services were provided

If YES, provide the following for each person

Title or Description of Position You Held in This Person

By Category

companies that represent less than 1/2 of 1% (.05%) o institutions, or endowments, policies or annuities pure	f the company's outstanding comn	non stock, or time or demand dep	oosits in financial
If YES, provide the following for each person:			. 4
in rea, provide the following for each person:			7
Name	1	ype / Instrument of wnership	
8. In 2017, did you realize a capital gain of \$5,000.00 o residence? If YES, Identify the assat(s) sold (including the addre rอิจไว้ลด for each identified assat (see note at top of	ss or legal description of the real es		Yes No
		+ Amo Catego	ount of gain , By
Do you <u>currently</u> have a financial interest* in real ex- forms of direct or indirect ownership, such as partnersh residence is in a multiple-unit or mixed-use building in	nips or trusts whose corpus consist	is primarily of real estate. (If your	principal place of
If YES, identify the real estate by address (see note legal description:	at top of form for filers from certa	in departments), including zíp coi	de, or, if there is no address, b
10. In 2017, did you receive from any person* (other thaggregate value in excess of \$250.00? If YES, identify the person or persons from whom the second s		er*) one or more gifts having an	Yes No
are defined and serious months with	you received such ghis.	(A)	
11. In 2017, did you receive any improper gift* that you Governmental Ethics Ordinance?			Yes No
If YES, identify the improper gift(s), the donor(s) if	known, and method of disposal:		
12. Do you <u>currently</u> have a financial interest* in any por franchise, or any permit for annexation, zoning or re			
If YES, list the name of the person(s) in which you has apolication sought or the action requested):	5		
Name		Action Requested	
13. If you <u>currently</u> owe or anyone owes you more the for the City of Chicago in 2017? (Do not include: (1) de loans of the kind you received in accordance with othe loans are made at the prevailing rate of interest; or (2)	bt instruments issued by financial r terms and conditions standard fo	institutions whose normal busin or such loans at the time the debt	ess includes the making of was contracted, if the
market at the price available to the public.)	I neither owe or am	owed more than \$5,000.00	Yes No
Name of Debtor, Creditor or Guarantor	is the Person a Debto Creditor or Guaranto		1
14. Do you now serve on any board or commission either as a		de non-City boards or commissions)?	Yes No
If YES, provide the Name(s) of board(s) and your po	osition(s) on the board(s):		
15. Do you <u>currently</u> have a relative* or domestic part		t with the City's Board of Ethics?	☐ Yes ✓ No
If YES, name the lobbyist(s) and the lobbyist's relat Name(s)	ionship to you:	Relationship	
16. Do you currently have a relative* or domestic partn			
If YES, name the relative(s) or domestic partner(s), his contractor(s): Name(s)/			neir position with the
relationship(s)	Contractor(s)	Position(s)	
VERIFICATION: I declare that I have examined this State and belief it is true and complete. I understand that know result in files. removal from office, or employment sanct Chicago.	Vingly filing a Statement containing for clons, including discharge, in accordan	alse or misleading information, or fail	ing to file by the deadline, can
7/	Signature and Date	1 -	