

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

CITY OF CHICAGO

2018 STATEMENT OF FINANCIAL INTERESTS CEIVED OF CHICAGO

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To avoid a violation of the Governmental Ethics Ordinance and sanctions, including lines and in Mg

your name and violation being made public, you must return this form, completed and signed lines and in Mg

later than the close of business Thursday, May 31, 2018 to:

Board of Ethics 740 N. Sedgwick, Ste. 500 Chicago, IL 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 appropriate category letter: 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 Com property in questions 2 or 9; fo								
ast Name: Villarreal	JR. First Nam	· Par	olina		Middl	e Initial:	<u> </u>	
lailing Address:				City:	chi	COGO State	IL Zip: (006
ity Department/Board r Commission:	J/A			Title:		N/A		
In 2017, were you employed by a	ny governmental unit	other than t	he City of Ch	icago?			Yes	No.
If YES, list the name of each governmental unit	V/A							
In 2017, did you serve as an emp ofessional, business or other orga crived income of more than \$1,000	nization (other than y	our City em	ployment o	rappointme	nt) from	which you receiv	ed or	X No
If YES, for each organization pr	ovide the following in	formation: (s	ee note abov	/e)	_			/ \
ame & ddress: N/A		e of inization:	N/P		our osition	NA	+ Amount of Ir By Category	ncome. NA
In 2017, did you receive compensisiness* with the City of Chicago, tetropolitan Pier and Exposition Au	he Chicago Transit Au	thority, Chica	ago Board of	Education, Ch	nicago Pa	rk District, Chica		or
If YES, provide the following fo	r each person or entity	to which yo	u provided s	ervices:				X No
ime NA	Nature of Service	NI		Government Unit Person or Entity D			+ Amount of In By Category	ncome,
In 2017, did your spouse or don rk or other services rendered to a ucation, Chicago Park District, Ch If YES, provide the following fo	person* or entity doir icago City Colleges, or	ng business* Metropolita	with the City n Pier and Ex l had r	of Chicago, t position Auth no spouse or c	he Chica ority? Iomestic	go Transit Autho partner in 2017.	ority; Chicago Boa	
me N/A	Nature of Services	W/4		Sovernment Unit	With Which	1/2	+ Amount of II	ncome,
In 2017, did any entity in which professional*, business or other s icago Board of Education, Chicag	services rendered to ar o Park District, Chicago	ny person* or o City College	entity doing es, or Metrop	g business* wi politan Pier an	ith the Ci d Exposit	ty of Chicago, th tion Authority? .	e Chicago Transit	
me N/A				erson or Entity to ere provided	which	NIA		
ture of rvices N/A		rnment Unit W h Person Did B		W/A			+ Amount of Incom By Category	NA
In 2017, did you have a financial i present less than 1/2 of 1% (.05%) licies or annuities purchased from	of the company's out	tanding con	nmon stock,	or time or de	mand de	posits in financia		
If YES, provide the following	for each person:							
me N/A				Title or D You Held	7.1	n of Position erson	N/A	

companies that represen	t less than 1/2 of 1% (.05%) o	rson* conducting business in of the company's outstanding chased from insurance compa	common stock, or time or o	demand deposits in	blicly held financial 7 Yes No
If YES, provide the fo	ollowing for each person:				A
Name W/A	r		Type / Instrument of Ownership	N/A	
8. In 2017, did you realize	a capital gain of \$5,000.00 o	or more from the sale of any ca	apital asset other than your	principal place of	
If YES, identify the asse		ess or legal description of the			Yes No e amount of gain
N/A			+ Amount of ga	ain , By	
forms of direct or indirect	ownership, such as partners	state located in the City of Ch hips or trusts whose corpus co which you have a financial ir	onsists primarily of real estat	te. (If your principa	l place of
		e at top of form for filers from	certain departments), inclu		
NIA					
aggregate value in excess	ve from any person* (other the of \$250.00?	nan relatives* or a domestic p	partner*) one or more gifts h		Yes No
NIA	13011 of persons from whom	you received such girts.			
I 1. In 2017, did you receiv Sovernmental Ethics Ordi	re any improper gift* that you	u disposed of in accordance v	vith Section 2-156-144 of th	e	Yes X No
If YES, identify the im	proper gift(s), the donor(s) if	known, and method of dispo	osal:		
2. Do you <u>currently</u> have	e a financial interest* in any p	person* or entity who in 2017	applied to the City of Chica	go for a license	
	he person(s) in which you ha	zoning of real estate?ve the financial interest and c			Yes No
Name NAA		Action Requested	N/A		
or the City of Chicago in 2 bans of the kind you recei	017? (Do not include: (1) de ved in accordance with othe railing rate of interest; or (2) (an \$5,000.00, did the debtor, bt instruments issued by fina r terms and conditions standa debt instruments issued by p	ncial institutions whose no ard for such loans at the time	rmal business inclu e the debt was con d purchased by yo	des the making of tracted, if the
If YES, provide the foll	lowing information:	Theritier owe t	or annowed more than \$5,00	50.00	Tes No
Name of Debtor, Creditor or Guarantor	N/A	Is the Person a D Creditor or Guar		Type of Debt Instrument	N/A
	board or commission either as a me(s) of board(s) and your po	volunteer or for compensation (include non-City boards or com	nmissions)?	Yes No
N/A					
5. Do you <u>currently</u> have	a relative* or domestic partr	ner* who is registered as a lob	obyist with the City's Board o	of Ethics?	Yes X No
If YES, name the lobby Name(s)	vist(s) and the lobbyist's relat	ionship to you:	Relationship	N/A	
b. Do you currently have a	a relative* or domestic partn	er* who is an employee or ful	I- or part-owner of a City co	ntractor*?	Yes No
If YES, name the relative(contractor(s): Name(s)/	s) or domestic partner(s), his	/her/their relationship to you		Γ.	
relationship(s)	that I have examined this Sta	Contractor(s)		sition(s) N	/A
and belief it is true and co	omplete. Lunderstand that know	ment of Financial Interests form, vingly filing a Statement contain ions, including discharge, in acco	Ina falso or micloading inthoma	ition, or failing to file egulations and ordina	by the deadline, can ances of the City of
		Signature and Date	,,,	0 0	17man 2018