

CITY OF CHICAGO 2018 STATEMENT OF FINANCIAL INTERESTS

740 N. Sedgwick, Ste. 500 Chicago, IL 60654-8488

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**

(312) 744-9660 later than the close of business Thursday, May 31, 2018 to:
Board of Ethics 740 N. Sedgwick, Ste. 500 Chicago, IL C 50654-8488

- Please complete this form, sign it and then mail / deliver it to the Board of Ethics . We cannot accept Statements via e-mail, fax or PDF

fo	rmats. Please at	nswer all 16 ques	tionswadthi	entral ville cid	and the fall	- ife aret	urning it.	0=-		or the control of	,,,,,,	
- 11	you need more	room, pleasent	ach and lab	orto s	eets.	VJ	arring to	NFC	10	2010		
- T	erms with an ast	erisk(*) are defin	ed on the in	struction	sheet.		٠,	d	1	-010		
+1		& 8, indicate the a 00 or more	appropriate B= \$5,000 -			ion or capita ess than \$5,(iting in the	appropri	ate category le	etter:	
No	OTE: for security i	reasons, filers in t	he Chicago I	ire and P	olice Depar	tments. Inspe	ector Genera	l's Office.	ivilian Of	fice of Police A	ccounta	bility
an	d Office of Emerg	ency Communica	itions and b	uilding aı	nd health in	spectors need	d not disclos	e the addre:	ss of busin	ness(es), organi	izations	or
pro	operty in questio	ns 2 or 9; for ques	tion 9, howe	ver, they	must list the	e n <u>umber</u> and	d <u>types</u> of pro	perties ow	ned, for e	xample: two 6-	flats, et	с.
Last Na	me: Ziegler, Jr.		First N	ame: Jo:	seph		Mie	ddle Initial:	С			
Mailing	Address:						City: Chic	ago	State:	L Zip: 606		_
	partment/Board mission:	City Council					Title: Candi	date for Ald	erman 21	st Ward		_
1. In 20	17, were you em	ployed by any gov	ernmental u	nit other I	than the City	of Chicago?				Yes	\times	No
	5, list the name of governmental ur	to the same of the										
professi	onal, business or	as an employee, o	n (other than	n your Cit	ty employm	ent or appo	intment) fro	m which yo	u received	or		
		than \$1,000.00?								X Yes		No
11 4	E5, for each organ	nization provide th	ne following	informatio	on: (see note	e above)						
Name & Address	103014 074	urance Agency h Street, Chgo., IL 6		ype of rganizatio		pritorship	Your Position	Owner		+ Amount of In By Category	come,	A
busines	s* with the City of	e compensation in Chicago, the Chic position Authority	ago Transit	Authority,	Chicago Bo	ard of Educat	tion, Chicago	Park Distric				
										Yes	\times	No
11 1	es, provide the ro	llowing for each p	erson or ent	ity to whi	cn you prov	ded services:						
Name			Nature of Service				ent Unit With WI Entity Did Busin			+ Amount of In By Category	come,	
4 In 20	7 did vour snou	ıse or domestic p	artner* rece	eive comp	ensation or	navment in s	vees of \$5 (00 00 for pr	ofessiona	l* husiness en	nlovm	ent
work or	other services rer	dered to a person	* or entity d	oing busi	ness* with th	ne City of Chic	cago, the Ch	cago Transi	t Authorit			ent,
Educatio	on, Chicago Park [District, Chicago C	ity Colleges,	or Metrop		nd Exposition had no spou				Yes	1 🗙	No
If Y	ES, provide the fo	llowing for each p	erson or ent	ity to whi	ch Spouse/ (Domestic Part	tner provide	I services:				
Name			Nature of Services				ent Unit With Wh Entity Did Busin			+ Amount of In By Category	come,	
			_								L	
		in which you OR										
		s or other services on, Chicago Park D										
										Yes	\times	Vo
If YE	S, provide the fol	llowing information	n about the	entity in	which you/s	pouse/domes	stic partner h	ave a financ	cial interes	st:		
Name					Na	me of Person or E	ntity to which					
lvaine					Ser	vices were provid	ded					
Nature o	of [Go	vernment l	Unit With				+ Ar	mount of Income		1
Services			Wh	ich Person	Did Business				100	Category		
6. In 201	7. did vou have a	financial interest*	in any perso	n* doing	business* u	rith the City?	(Note: comp	on stock in	terests in	publicly beld co	mpania	es that
represen	t less than 1/2 of	1% (.05%) of the c	ompany's ou	itstanding	g common s	tock, or time	or demand	deposits in f				
policies o	or annuities purch	ased from insurar	nce compani	es, need r	not be disclo	sed.)	,			Yes	\times	No
I f	YES, provide the	following for each	person:									
Name	U,					0.545.55	e or Descript Held in This		on			

companies that represent	financial interest* in any person* conduc less than 1/2 of 1% (.05%) of the compar ts, policies or annuities purchased from	ny's outstanding common st	ock, or time or demand d	eposits in financia	eld al No
If YES, provide the foll	owing for each person:				
Name		Type / Owner	Instrument of ship		
	a capital gain of \$5,000.00 or more from				⊠ No
	(s) sold (including the address or legal de led asset (see note at top of form).	escription of the real estate)	and the appropriate Categ	jory of the amour	nt of gain
				nount of gain , By gory	
forms of direct or indirect	a financial interest* in real estate located ownership, such as partnerships or trust unit or mixed-use building in which you	s whose corpus consists prin	narily of real estate. (If you	ır principal place	clude all of \ No
If YES, identify the rea legal description:	l estate by address (see note at top of fo	rm for filers from certain de	partments), including zip c	ode, or, if there is	no address, b
1920 West 87th Stree	t, Chicago, IL 60620				
aggregate value in excess	e from any person* (other than relatives of \$250.00?			Yes	⊠ No
If YES, identify the pe	rson or persons from whom you received	d such gifts:			
Governmental Ethics Ordi	e any improper gift* that you disposed on ance?			Yes	⊠ No
If YES, Identify the im	proper gift(s), the donor(s) if known, and	d method of disposal:			
If YES, list the name of the application sought or the Name	ne person(s) in which you have the finan ne action requested):	cial interest and describe th	Action Requested	cluding the natur	e of the
for the City of Chicago in 2 loans of the kind you recei	or anyone owes you more than \$5,000.0 1017? (Do not include: (1) debt instrume wed in accordance with other terms and railing rate of interest; or (2) debt instru ele to the public.)	ents issued by financial instit conditions standard for suc	tutions whose normal bus th loans at the time the del ld corporations and purcha	iness includes the bt was contracted	e making of d, if the
If YES, provide the fol	lowing information:				
Name of Debtor, Creditor or Guarantor		Is the Person a Debtor, Creditor or Guarantor	Type o Instrui	of Debt ment	
	board or commission either as a volunteer o		n-City boards or commissions)?	⊠ No
If YES, provide the Na	me(s) of board(s) and your position(s) or	the board(s):			
15. Do you <u>currently</u> have	e a relative* or domestic partner* who is	registered as a lobbyist with	n the City's Board of Ethics	? Yes	⊠ No
	yist(s) and the lobbyist's relationship to	you:	Relationship		
Name(s)			· L		
	a relative* or domestic partner* who is a relative* or domestic partner(s), his/her/their				
Name(s)/ relationship(s)	Contrac	tor(s)	Position(s)		
and belief it is true and	te that I have examined this Statement of Fin. complete. I understand that knowingly filing from office, or employment sanctions, including the sanctions of th	a Statement containing false o	r misleading information, or f th applicable rules, regulation	ailing to file by the	deadline, can If the City of