

CITY OF CHICAGO 2018 STATEMENT OF FINANCIAL INTERESTS DIDATE

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

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:

(312) 744-9660 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 mall / deliver it to the Board of Ethics . We cannot accept Statements via e-mail, fax or PDF 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

an	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, they must list the number and types of properties owned, for example: two 6-flats, etc.									
Last Na	ame: Curry	First Na	ame: Mi	554	/M	liddle Initial:	B			
Mailing	g Address:	O			City:	hicago st	ate: IL Zip:	cal		
	epartment/Board nmission:	0	(Title:					
1. In 20	017, were you employed by any gov	ernmental ui	nit other than th	e City of	Chicago?		Yes	No No		
	S, list the name of governmental unit									
derived	p17, did you serve as an employee, c ional, business or other organization i income of more than \$1,000.00? (ES, for each organization provide th	other than	n your City emp	loyment	t or appointment) fr	om which you red	raived or	☐ No		
Name & Addres	Starlight Therap			ovid ntery	Your Position	n Jangue	+ Amount of Inc	ome,		
busines	17, did you receive compensation ir s* with the City of Chicago, the Chic olitan Pier and Exposition Authority	excess of \$5	,000.00 for profe	o Board	of Education, Chicago	o Park District Ch	nicago City Colleges, o	doing r		
IfY	ES, provide the following for each p	erson or enti	ty to which you	provided	l services:		Yes	XI NO		
Name		Nature of Service			Government Unit With W Person or Entity Did Busi		+ Amount of Inco	ome,		
Education	17, did your spouse or domestic pa other services rendered to a person on, Chicago Park District, Chicago Ci	* or entity do ty Colleges, c	oing business* w or Metropolitan i	rith the C Pier and I had	ity of Chicago, the Ch Exposition Authority? I no spouse or dome	nicago Transit Au ?stic partner in 20	thority, Chicago Board	oloyment, of No		
11 11	ES, provide the following for each p	erson or enti	ty to which Spot	ise/ Dom	estic Partner provide	ed services:	-			
Name		Nature of Services			Government Unit With W Person or Entity Did Busi		+ Amount of Inco By Category	ome,		
Chicago	17, did any entity in which you OR essional*, business or other services Board of Education, Chicago Park D ES, provide the following informatio	istrict, Chicag	any person* or e go City Colleges,	ntity doi or Metro	ng business* with the opolitan Pier and Exp	e City of Chicago, osition Authority	the Chicago Transit A ?? Yes	\$5,000.00 uthority,		
Name				Name of	f Person or Entity to which were provided					
Nature of Services			rernment Unit With ich Person Did Busi			A PROPERTY OF THE PARTY OF THE	+ Amount of Income, By Category			
represen	7, did you have a financial interest* it less than 1/2 of 1% (.05%) of the co or annuities purchased from insuran	ompany's out	tstanding comm	on stock	or time or demand	denosits in finan	sts in publicly held concial institutions, or end	lowments,		
	YES, provide the following for each						Yes	No No		
Name					Title or Descript You Held in This					

compani	ies that represent	less than 1/2 of 1% (.05%) o	of the comp	any's outstanding o	ommon sto	ck, or time or o	lemand dend	sits in financ	al
mstrace	ons, or endownier	nts, policies or annuities pur	chased fron	n insurance compai	iles, need n	ot be disclosed	.)	····· Yes	Ø No
If YE	S, provide the fol	llowing for each person:							
Name					Type / In Ownersh	strument of			
8. In 201	7, did you realize	a capital gain of \$5,000.00 c	or more fron	n the sale of any cap	oital asset o	ther than your	principal plac	ce of	
If YES,	identify the asset	(s) sold (including the addre	ess or legal o	description of the re	al estate) ar	nd the appropr	iate Category	Yes of the amou	No nt of gain
				A Marian Branch Branch Alexandra Area and			+ Amou	nt of gain , By	
orms of	direct or indirect (a financial interest* in real e ownership, such as partners ınit or mixed-use building ir	hips or trus	ts whose corpus co	nsists prima	rily of real estat	te. (If your ni	incipal place	oclude all of No
If YE	S, identify the rea I description:	l estate by address (see not	e at top of fe	orm for filers from c	ertain depa	rtments), inclu	ding zip code	e, or, if there is	no address,
			***************************************	The state of the s					
ggregate	e value in excess o	e from any person* (other the file of \$250.00?son or persons from whom			rtner*) one	or more gifts h	aving an	Yes	⊠ No
overnme	ental Ethics Ordin	e any improper gift* that yo ance?				2-156-144 of the	e	Yes	⊠ No
If YES	, identify the imp	proper gift(s), the donor(s) if	known, and	d method of dispos	al:	***************************************			
2. Do vo	u currently have	a financial interest* in any p	nerson* or e	entity who in 2017 a	anliad to the	o City of China			
r franchis	se, or any permit	for annexation, zoning or re	ezoning of re	eal estate?				Yes	No
If YES, li applicat	st the name of th tion sought or the	e person(s) in which you ha e action requested):	ve the finan	cial interest and de	scribe the C	ity action requ	ested (includ	ing the natur	e of the
Name						Action Requested			
ans of th ans are r arket at 1	y of Chicago in 20 le kind you receiv made at the preva the price available	r anyone owes you more th. 177? (Do not include: (1) de red in accordance with othe to the public.)	ebt instrume er terms and debt instrur	ents issued by finan conditions standar	cial instituti d for such lo plicly held c	ons whose nor pans at the time orporations an	mal busines: the debt wa d purchased	s includes the	making of
		owing information:			_		1	<u></u>	
	f Debtor, r or Guarantor			Is the Person a De Creditor or Guara			Type of De Instrument	1	
		poard or commission either as a ne(s) of board(s) and your po			clude non-Ci	ty boards or com	missions)?	Yes	No
				the board(s).					
		a relative* or domestic partr			yist with th	e City's Board o	of Ethics?	Yes	No
Name		st(s) and the lobbyist's relat	ionship to y	ou:		Relationship			
Do you	currently have a	relative* or domestic partne	er* who is a	n employee or full-	or part-owr	ner of a City cor	ntractor* ?	☐ Yes	I√No
	me the relative(s) or domestic partner(s), his							
Name relatio	onship(s)		Contract	or(s)		Pos	ition(s)		
and be	n fines, removal fro	that I have examined this State mplete. I understand that know m office, or employment sanct	ions, includin	Statement containin	n false or mis	leading informat	ion or failing	to file by the de	adlina can