

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

If YES, provide the following for each person

Name

## CITY OF CHICAGO 2022 STATEMENT OF FINANCIAL INTERESTS

To avoid a violation of the Governmental Ethics Ordinance and sanctions, including a \$250 per day fine until you file and having your name and violation being made public, you must return this form no later than the close of business Monday, May 2, 2022 to: Board of Ethics, 740 N. Sedgwick, Suite 500, Chicago, IL. 60654-8488

- Please comple all 16 question	ete this form, si ns and sign you	gn it and then ir form before	mail / delivereturning in	er it to the t.	Board of Et	ics. We can	not accept	t Staten	nents via e	-mail or fax.	Please ar	nswer
If you need me     Terms with an	ore room, pleas asterisk (*) are	e attach and la defined on the	sbel extra she instruction	eets. sheet.	C	A	NI	T	D	TI	<b>7.</b>	
In questions 2 A= \$25,0	-5 & 8, indicate 000 or more	the appropriate	e income, co \$5,000 - \$24	mpensatio	on or capital C= les		ng in the ap					
NOTE: for secur Office of Emerg organization(s) house, 2 6-flats.	gency Commun or property in q	ications, or wh	o are buildi	ng, consum	mer protection	or health	inspectors	s need r	not disclose	the address of	of busines	is(es),
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YES, list the nar												
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or organization \$1,000.00?	(other than yo	ur City emplo	yment or ap	pointmen	nt) from whic	h you receiv	ved or deriv	ved inc	ome of mo	or any profess ore that Yes	ional, bu	
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Title or Description of Position Your held in This Person

	de the following for	each person				
Name				Type/Instrument of Ownership		
2021, di	d you realize a c	apital gain of \$5	,000.00 or more from	the sale of any capita	asset other than your	principal place of paidenc
YES, iden		d (including the add				+Amount of Income By Category
orms of d	irect or indirect or is in a multiple-un	wnership, such a nit or mixed-use b	as partnerships or trust building in which you ha	a whose corpus considure a financial interest*	its primarily of real esta , answer "yes" to this qu	Yes No
If YES, id legal desi		te by address (see	e note at top of form for	filers from certain depar	tments), including zip coo	le, or, if there is no address.
	1051	5.	Benne	1++ 1	ve.	
In 2021.	did you receive as	ny improper gifts*	oom you received such g	accordance with Section	n 2-156-144 of the Gove	mmental Ethics Ordinance
					manualimanian	Yes La No
II YES, I	dentify the imprope	r gift(s), the donor	(s) if known, and mathod	l of disposal as specified	in the ordinance	
					of Chicago for a license	or franchise, or any permit
	list the name of the or the action reque		n you have financial inten	est and describe the City	action requested (including	) the nature of the application
Name				Action Requested		
for the making contract by you	City of Chicago in of loans of the kiloted, if the loans are on the open mark	n 20217 (Do not in a received by your made at the proof at the proof at the proof available.	include: (1) debt instrur ou in accordance with ot evailing rate of interest; iilable to the pubijc.)	ments issued by financi her terms and condition or (2) debt instruments i	al institutions whose non s standard for such loans ssued by publicly held co	business* with or do work and business includes the art the time the debt was reporations and purchased
	provide the following of Debter,	ng information.		is the Person a Debtor,	Type of Do	abs [
	tor or Guarantor			Creditor or Quarantor	Instrumen	
				board or commission, or	not for compensation)?	Yas No
	provide the Name	x) of board(x) and j	your position(s) on the bo	ar(f(z)		
	currently have a c			obyist with the City's Boa		cretary of State, the Cook
# YES						
J. Da you County	Clerk, or any othe	s) and the lobbyist's	a relationship to you.	Relationship		
J. Do you Gounty H YES. Name	Clark, or any other name the tobbytet(s			,	a City contractor?	☐ Yes [VNo
# YES. Name Do you # YES. Name Name	Clerk, or any othe  name the subhyist()  now have any relative.	ve* or domentic par	rtner* who is an employed	e or full- or part-owner of	a City contractor?	
5. Do you County # YES. Name Do you # YES. na Name Relatio	Clerk, or any other mame the sobbyist() (s)  now have any relative uses the relative(s) or (s) of onathips	ve* or domestic par r domestic partner(s	riner* who is an employer i), his her their relationship Contrac	e or full- or part-owner of to you, the city contractory tor(s)	s) and his her Ahea position	

## **Board of Ethics Attachment for Question 2**

Name & Address	Type of Organization	Your Position	Income by Category
Lawrence Hall 4833 N. Francisco Chi, IL 60625	NFP	Coordinator	В
St. Sabina Employm Resource Center 7825 S. Racine Chi, IL 60620	ent NFP	Educational Coordinator	Α
South Shore Works 1735 E. 71st St Chi, IL 60649	NFP	Program Coordinator	В