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

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

City of Chicago Board of Ethics

Received

- Please complete this form, sign it and then mall / deliver it to the Board of Ethics. We cannot accept Statements via e-mail or fax. Please answer all 16 questions and sign 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, OPSA, Inspector General's Office, Civilian Office Police Accountability, Office of Emergency Communications, or who are building, consumer protection or health inspectors need not disclose the address of business(es), organization(s) or property in questions 2 or 9; for question 9, however, they must list the number and types of properties owned, e.g.: "1 single-family house, 2 6-flats."

	.ast Name:	LAUKENI			Fir	st Name	CHRIS	TOPHER		M	iddle Initial:	M
ļ	Address:			.,		Ci	ty: CHICA	₹GO	State:	IL	Zip Code:	606
(City Departm	nent/Agency:	Police District Cou	ncil (014)				Title:	Candida	te		F.
1	In 2021, were	you employe	d by any governments	al unit othe	erthan the Cit	ly of Chica	igo?				Yes	X No
	If YES, list the	name of eac	governmental unit:									
	or organizati	ion (other tha	an employee, office in your City employm	ent or app	pointment) fro	om which	you receiv	ed or derive	ed income	of more	than	onal, busines
,	If YES, for eacl	h organization	provide the following in	nformation:	(see note abo	ve)						
	Name & Address		36	Type o Organi	f			Your Position			+Amount of By Categor	
1	business* wi	ith the City of	compensation in exce Chicago, the Chicago position Authority?	o Transit	Authority, Ch	icago Bo	pard of Educ	cation Chic	ervices ren ago Park	idered to District, (a person* o Chicago Cit	y Colleges, or
1	f YES, provide	the following	for each person to whic	h you prov	ded services:							
	Name			lature of ervice			ovemmental hich Person	Unit with Did Business			+Amount o	
	n 2021, did y	ntity doing bu	or domestic partner* siness* with the City of	f Chicago,	mpensation in the Chicago T	Fransit Au	thority. Chi	icado Boar	rd of Educa	ation. Chic	ago Park Di	rendered to a strict, Chicago
(City Colleges,		g for each person to v		ise/ Domestic	Partner	provided ser	rvīces:				
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that re	present less than ½ of 1% (.5%) of the countries purchased from insurance compa	ompany's outstanding stock	or demand deposit	s in financial institutions	or endowments, noticie			
If YES, p	provide the following for each person:							
Name	9		Type/Instrument of Ownership					
3. In 2021	, did you realize a capital gain of \$5,00	00,00 or more from the sal	e of any capital ass	et other than your princ	sipal place of residence			
If YES, it	dentify the asset(s) sold (including the addres							
	d asset (see note at top of form).	(i) (ii)			+Amount of Income By Category			
residen	currently have a financial interest* in rea f direct or indirect ownership, such as p ce is in a multiple-unit or mixed-use buil	partnerships or trusts whos ding in which you have a fir	e corpus consists p nancial interest*: ans	rimarily of real estate(wer "ves" to this question	If your principal place on.)			
If YES, legal de	identify the real estate by address (see nescription:	oole at top of form for filers fr	om certain departmer	ats), including zip code, o	r, if there is no address,			
0. In 202° of \$250	1, did you receive from any person* (otho	er than relatives* or a dome	estic partner*) one or	r more gifts having an ag	ggregate value in exces			
If YES,	identify the person or persons from whom	you received such gifts:						
	I, did you receive any improper gifts* tha							
IFYES,	identify the improper giff(s), the donor(s) if	f known, and method of dispo	osal as specified in th	e ordinance				
Do you for ann	Do you <u>currently</u> have a financial interest* in any person* who in 2021 applied to the City of Chicago for a license or franchise, or any perm for annexation, zoning or rezoning of real estate? Yes X No							
If YES, sought	list the name of the person(s) in which you or the action requested)	u have financial interest and	describe the City action	on requested (including ti	he nature of the applicati			
Name		Action	Requested					
making contrac	currently owe or anyone owes you more City of Chicago in 2021? (Do not inclu- of loans of the kind received by you in ted, if the loans are made at the prevail on the open market at the price available.	ude: (1) debt instruments is accordance with other terr ling rate of interest; or (2) d te to the public.)	ssued by financial ir ns and conditions sl ebt instruments issu	astitutions whose normal andard for such loans a ed by publicly held corp	al business includes the at the time the debt was			
If YES,	provide the following information:							
	of Debtor, or or Guarantor		erson a Debtor, or Guarantor	Type of Det Instrument	ot			
. Do you	now serve on any board or commission	(even if not a City board o	r commission, or not	for compensation)? [Yes X No			
If YES, J	provide the Name(s) of board(s) and your	position(s) on the board(s):						
Do you County	currently have a covered relative* who is Clerk, or any other unit of local government.	s registered as a lobbyist wi nent in the State of Illinois?	th the City's Board o	f Ethics, the Illinois Sec	retary of State, the Coo			
	name the lobbyist(s) and the lobbyist's rela	ationship to you:						
Name(Relatio						
	now have any relative* or domestic partner				Yes X No			
Name(me the relative(s) or domestic partner(s), his (s) of unships	Contractor(s)	he city contractor(s), an	nd his/her /their position wi	th the contractor(s):			
RIFICATION	N: I declare that I have examined this Statem	nent of Financial Interests, include filing a Statement containing	a false or misjeading ir	ng documents, and to the	by deadline can result in			
10Val from	office or in employment sunctions, including	discharge, in accordance with a	applicable rules, regula	tions and ordinances of the	City of Chicago			
	1			4/19/	022			

Signature and Date