

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 complete this form, sign it and then mail / 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.												
			olease attach and ') are defined on				CAI	NDII	DAT	E			
		s 2-5 & 8, indi 5,000 or mor	cate the approprie	ate income, co = \$5,000 - \$24			ital gain by wr less than \$5,0		ropriate categ	ory letter:			
	Office of Eme	ergency Con s) or property	munications, or	who are building	ig, consum	er protec	tion or healt	h inspectors n	reed not disclo	n Office Police A ose the address o es owned, e.g.: '	of business(e	es),	
	Last Name: _	SAN	ROMAN			First Na	ame:	TEVE		Middle Initi	al: _ N	1	
	Address:	J											
	City Departmen	nt/Agency:	17th	Police	Dist	PRC1	lowe	まし Title:	DISTRI	ter love	NCIC	MEMBER	
1.	In 2021, were yo	ou employed	by any governm	ental unit othe	er than the	City of	Chicago?			Yes	No.		
			governmental un										
2.	In 2021, did yo										ssional, bus	siness	
	\$1,000.00?						hich you rec	eived or derive	ed income of	more than X Yes	☐ No		
	Name & Address	rganization p. BOOST & BO37 K M	ALES B MA	ng information LE Type o Type o Organi	: (see note of zation	sAL	ES	Your Position	OWNER /	PRES+Amoun By Cate	t of Income gory	1	
3.	In 2021, did yo business* with	the City of (mpensation in	excess of \$5,0 icago Transit	000.00 for Authority	profess	o Board of E	ducation, Chic	ago Park Dis	ered to a person strict, Chicago (City College	doing es, or	
	If YES, provide th	ne following fo	or each person to	which you prov	rided servi	es:	_			_			
	Name			Nature of Service				tal Unit with on Did Business	S	+Amoun By Cate	t of Income gory		
4.	In 2021, did you person* or entit City Colleges, or	ty doing busi	domestic partiness* with the Con Pier and Expos	ity of Chicago,	the Chica	go Trans	it Authority, C	hicago Boa	rd of Education	s or other services on, Chicago Park	District, Ch	d to a licago	
	If YES, provide	the following	for each person	to which Spo	use/ Dome	estic Par	tner provided	services:			, (
	Name			Nature of Service				nental Unit with erson Did Busir	ness	+Amoun By Cate	t of Income gory		
5	Transit Author	n 2021, did any entity in which you OR your spouse or domestic partner* have a financial interest* receive compensation in excess of 5,000.00 for professional*, business or other services rendered to any person* or entity doing business* with the City of Chicago, the Chicago ransit Authority, Chicago Board of Education, Chicago Park District, Chicago City Colleges, or Metropolitan Pier and Exposition Authority? Yes No										icago	
	If YES, provide	the following	information abo	ut the entity in	which you	ı/spouse	e/domestic pai	tner have a fin	nancial interes	t:	<i></i>		
	Name												
	Nature of Service					nmental (Person (Unit with Did Business			+Amoun	t of Income		
6.	less than 1/2 of	In 2021, did you have a financial interest* in any person* doing business* with the City? (Note: stock interests in publicly held corporations that represent less than ½ of 1% (.5%) of the company's outstanding stock, or demand deposits in financial institutions, or endowments, policies or annuities purchased from insurance companies, need not be disclosed.)										esent	
	If YES, provide	the following	for each person	1:									
	Name	ne					Title or Description of Position Your held in This Person						

t	that represe	ent less than ?	4 of 1% (.5%) of t	r in any person* o the company's ou ompanies, need r	utstanding	stock, or dem	and dep	osits in finar		ons, or endo		
lf	YES, provid	e the following	for each person:			Type/Ins of Owne						
3. In	 n 2021, did	you realize a	a capital gain of	\$5,000.00 or mo	ore from th	e sale of any	y capital	asset other	than your p	orincipal pla	ce of reside	ence?
If	YES, identif		sold (including the a	address or legal de								
		10~ 6	, ,							+Amou By Cat	int of Income	A
fo re	orms of dire	ect or indirect in a multiple-	ownership, such	in real estate loo n as partnerships e building in whic	s or trusts ch you hav	whose corpu e a financial i	is consis	ts primarily answer "ye	of real esta s" to this qu	te. (If your estion.)	principal pla	ace of
	legal descri	ption:		(see note at top of					uding zip cod	de, or, if the	re is no addi	ress, by
	5717	V.	ROBERC	, CHICA	60 =	FL 61	0646					
(of \$250.00°	?		* (other than rela			rtner*) or	ne or more g	ifts having a	an aggregat		
				ts* that you dispo								
				or(s) if known, and						L Ye	s 9= No	
1	for annexa	tion, zoning o	r rezoning of rea	t* in any person* I estate?						Ye	No No	
	sought or th	the name of the ne action reque	e person(s) in wh ested):	ich you have finar	ncial interes	st and describe	e the City	action requi	ested (includ	ling the natu	re of the app	lication
	Name					Action Reque	ested					
1	for the City making of I contracted,	of Chicago oans of the k if the loans a	in 2021? (Do no ind received by gare made at the r	more than \$5,00 tinclude: (1) de you in accordance orevailing rate of vailable to the pu	ebt instrum ce with oth interest; o ublic.)	ents issued the terms and r (2) debt inst	oy financ conditio truments	cial institutions standard issued by p	ns whose n for such loo publicly held	ormal busir ans at the ti corporation	ness include me the deb is and purch	es the ot was
				••••••	□ I nei	ther owe nor	am owe	d more than	\$5,000.00	☐ Ye	s X No	
	Name of [1	ing information:			the Person a reditor or Gua			Type o	of Debt ment		
4. 1	Do you nov	v serve on an	y board or comm	nission (even if no	ot a City b	oard or comm	nission, c	or not for cor	npensation))?	i⊠ No	
	If YES, prov	vide the Name	(s) of board(s) and	d your position(s)	on the boa	rd(s):						
5. I	Do you <u>cur</u> County Cle	rently have a erk, or any oth	covered relative* er unit of local go	who is registered	d as a lobb State of II	oyist with the	City's Bo	ard of Ethics	s, the Illinois	Secretary o		Cook
	If YES, nam	ne the lobbyist	(s) and the lobbyi	st's relationship to	you:						-	
	Name(s)					Relationship						
6. 1	Do you now	have any relat	tive* or domestic	partner* who is an	n employee	or full- or part	t-owner o	of a City contr	actor?	Ye	s X No	
If			or domestic partne	r(s), his/her/their re	elationship t	o you, the city	contractor	r(s), and his/h	er /their posit	ion with the o	ontractor(s):	
	Name(s) on Relationsh				Contracto	or(s)			Position			
beliet	fit is true an	d complete. I	understand that k	Statement of Fina mowingly filing a Scluding discharge, in	Statement c	ontaining false	or mislea	ding informat	ion or failing	to file by dea	adline can re	ge and esult in

Signature and Date