

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

6.

CITY OF CHICAGO

2020 STATEMENT OF FINANCIAL INTERESTS City of Chicago

To avoid a violation of the Governmental Etrics Ordinance and sanctions, including a \$250 per day board of hics until you file and having your name and violation being made public, you must return this form no later than the close of business Friday, May 1, 2020 to: Board of Ethics, 740 N. Sedgwick, Suite 599 N. 1 5 2020 Chicago, IL 60654-8488

	- Please Please	complete this form, sign it an answer all 16 questions and s	d then mail / deliving your form before	ver it to t ore return	he Board of I	Ethics. W	e cannot acce	ot Statements via		ats. Rece	
	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, Inspector General's Office, Civilian Office Police Accountability, Office of Emergency Communications, or who are building and 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, 26-flats."										
_	Last Name:	ERICKSO	V		-	()	ARI				
	Eust Hamo.				First Name				Middle Initial:		
	Address: _				C	ity:		State:	Zip Code		
	City Departn	ment/Agency:					Title:				
1.	In 2019, were	e you employed by any govern	nmental unit othe	r than the	e City of Chica	igo?	***********************		Yes No		
		e name of each governmental							_ ~		
	or organizat	you serve as an employee, tion (other than your City em	ployment or app	ointment	t) from which	you rec	eived or deriv	ed income of mo	ore than	iness	
		ch organization provide the follo									
	Name & Address	2129 WWILS	Type of Organiz	ation	CONSUL	TING	Your Position	OWNER	+Amount of Income By Category	A	
	business* w	you receive compensation i vith the City of Chicago, the (in Pier and Exposition Author	Chicago Transit A	uthority	Chicago Bo	pard of E	ducation. Chic	ago Park Distric	to a person* or entity of the chicago City College Yes No	doing es, or	
	If YES, provid	e the following for each person	to which you provid	ded servi	ces:						
	Name		Nature of Service				ntal Unit with on Did Busines:	5	+Amount of Income By Category		
	person* or e	your spouse or domestic pai ntity doing business* with the , or Metropolitan Pier and Exp	City of Chicago, t	he Chica	go Transit Au	thority. C	hicago Boa	rd of Education.	other services rendered Chicago Park District, Ch	d to a icago	
	If YES, provi	ide the following for each pers	on to which Spou	se/ Dome	estic Partner	provided	services:				
	Name		Nature of Service				nental Unit with erson Did Busir		+Amount of Income By Category		
	In 2019, 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 Transit Authority, Chicago Board of Education, Chicago Park District, Chicago City Colleges, or Metropolitan Pier and Exposition Authority?										
	If YES, provi	ide the following information a	bout the entity in v	which you	u/spouse/dor	nestic pai	rtner have a fin	ancial interest:			
	Name				Name		to which				
	Nature of Service				nmental Unit v Person Did B				+Amount of Income By Category		
5.	In 2019, did less than 1	you have a financial interest* in of 1% (.5%) of the comparation insurance companies, ne	any's outstanding	ng busine g stock,	ess* with the o	City? (Not	n financial inst	itutions, or endo	d corporations that repre	esent	
		de the following for each person									
- 1	Name	To cauri pers			Title or De	escription This Per	of Position				

7.	In 2019, did you have a financial interest* in any person* conducting business* in Chicago? (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)										
	If YES, provide the following for each perso										
	Name CARLERICKSON KLWILSON Type/Instrument of Ownership										
8.	In 2019, did you realize a capital gain of \$5,000.00 or more from the sale of any capital asset other than your principal place of residence? Yes No										
	If YES, identify the asset(s) sold (including the address or legal description of the real estate) and the appropriate Category of the amount of gain realized for each identified asset (see note at top of form)										
	+Amount of Income By Category										
9.	Do you <u>currently</u> have a financial interest* in real estate located in the City of Chicago, other than your principal place of residence? Include all forms of direct or indirect ownership, such as partnerships or trusts whose corpus consists primarily of real estate. (If your principal place of residence is in a multiple-unit or mixed-use building in which you have a financial interest*, answer "yes" to this question.) Yes No										
	If YES, identify the real estate by address (see note at top of form for filers from certain departments), including zip code, or, if there is no address, by legal description:										
10	In 2019, did you receive from any person* (other than relatives* or a domestic partner*) one or more gifts having an aggregate value in excess of \$250.00?										
	If YES, identify the person or persons from whom you received such gifts:										
11	In 2019, did you receive an improper gift* that you disposed of in accordance with Section 2-156-144 of the Governmental Ethics Ordinance?										
	If YES, identify the improper gift(s), the donor(s) if known, and method of disposal as specified in the ordinance										
12.	Do you <u>currently</u> have a financial interest* in any person* who in 2019 applied to the City of Chicago for a license or franchise, or any permit for annexation, zoning or rezoning of real estate? Yes You										
	If YES, list the name of the person(s) in which you have financial interest and describe the City action requested (including the nature of the application										
	sought or the action requested).										
	Name Action Requested										
13.	If you <u>currently</u> owe or anyone owes you more than \$5,000.00, did the debtor, creditor or guarantor of the debt do business* with or do work for the City of Chicago in 2019? (Do not include: (1) debt instruments issued by financial institutions whose normal business includes the making of loans of the kind received by you in accordance with other terms and conditions standard for such loans at the time the debt was contracted, if the loans are made at the prevailing rate of interest; or (2) debt instruments issued by publicly held corporations and purchased by you on the open market at the price available to the public.) I neither owe nor am owed more than \$5,000.00										
	If YES, provide the following information:										
	Name of Debtor,										
	Creditor or Guarantor Creditor or Guarantor Instrument										
14.	Do you now serve on any board or commission (even if not a City board or commission, or not for compensation)? Yes No										
	If YES, provide the Name(s) of board(s) and your position(s) on the board(s):										
15.	Do you <u>currently</u> have a covered relative* who is registered as a lobbyist with the City's Board of Ethics, the Illinois Secretary of State, the Cook County Clerk, or any other unit of local government in the State of Illinois? Yes No										
	If YES, name the lobbyist(s) and the lobbyist's relationship to you:										
	Name(s) Relationship										
16.	Do you now have any relative* or domestic partner* who is an employee or full- or part-owner of a City contractor?										
	If YES, name the relative(s) or domestic partner(s), his/her/their relationship to you, the city contractor(s), and his/her /their position with the contractor(s):										
	Name(s) of Relationships Contractor(s) Position										
elie	IFICATION: I declare that I have examined this Statement of Financial Interests, including any accompanying documents, and to the best of my knowledge and of it is true and complete. I understand that knowingly filing a Statement containing false or misleading information or failing to file by deadline, can result in oval from office or in employment sanctions, including discharge, in accordance with applicable rules, regulations and ordinances of the City of Chicago.										
	Gill Calledon 6/1/2020 Signature and Date										