## Board<sub>of</sub> Sthics

740 N. Sedgwick, Ste. 500 Chicago, IL 20654-8488 (312) 744-3669

## CITY OF CHICAGO 2020 STATEMENT OF FINANCIAL INTERESTS

About the Covernmenta Ethics Ordinance and sapetion of including a \$250 per day fine city out file and having your name and violation being including you have return this form no later than the close of business Friday, May 1, 2020 to:

Board Chicago, IL 60654-8488

Please complete this form, sign it and the Deliver it to the Board of Ethics.
Please answer at 15 questions and sign our form before returning 14 cannot accept State if you need more room, please attach and label extra sheets BN Terms with an asterisk (\*) are defined on the instruction + In questions 2-5 & 8, indicate the capital gain by writing in the appropriate category letter A=\$25,000 or more 00-\$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 pullding 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. URNER Last Name 1 anne Middle Initial: Address. 1. In 2019, were you employed by any governmental unit other than the City of Chicago? 2. In 2019, did you serve as an employee, officer, director, associate, partner, proprietor or in any advisory capacity for any professional, business or organization (other than your City employment or appointment) from which you received or derived income of more than \$1,000,002 Yes If YES for each provide the following information (see note above Name & Type of Your +Amount of Income Address Organization Position By Category 3. In 2019, did you receive compensation in excess of \$5,000 00 for professional\*, business or other services rendered to a 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? Yes No If YES provide the following for Nature of Governmental Unit with +Amount of Income Name Service Which Person Did Business By Category 4. In 2019, did your spouse or domestic partner\* receive compensation in excess of \$5,000.00 for professional\*, business or other services rendered to a person\* or entity doing business\* with the City of Chicago, the Chicago Transit Authority, Chicago Board of Education, Chicago Park Distrigt, Chicago City Colleges, or Metropolitan Pier and Exposition Authority? I had no spouse or domestic partner in 2019 If YES provide the following for each person to which Spouse/ Domestic Partner provided services: Nature of Governmental Unit with +Amount of Income Name Which Person Did Business By Category 5 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? Yes No If YES provide the following information about the entity in which you/sp use/domestic partner have a financial intere Name of Person to which Name Services were provided Nature of Governmental Unit with +Amount of Income Service Which Person Did Business By Category In 2019, 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. Yes If YES provide the following for each person Title or Description of Position Name Your held in This Person

7.	In 2019, did you have a financial interest* in any per that represent less than ½ of 1% (.5%) of the compa or annuities purchased from insurance companies,	any's outstanding stock	k, or demand depo	sits in finan	ck interests in cial institution	n publicly helps, or endown	ments, policies
	If YES, provide the following for each person		100				
	Name		Type/Instrument of Ownership	1. 4			
	- WOHTE				73		
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?						
	If YES identify the asset(s) sold (including the address of identified asset (see note at top of form)	legal description of the re	eal estate) and the a	ppropriate Ca	itegory of the a	amount of gair	realized for each
	0					+Amount By Catego	of Income
	Do you <u>currently</u> have a financial interest* in real est forms of direct or indirect ownership, such as partn residence is in a multiple-unit or mixed-use building	erships or trusts whos in which you have a fi	se corpus consists nancial interest*. a	s primarily o	of real estate	(If your printion.)	ncipal place of
	If YES identify the real estate by address (see note a legal description	at top of form for filers f	rom certain departi	ments), inclu	ding zip code	or, if there i	s no address by
				-			
10.	0. In 2019, did you receive from any person* (other the of \$250 00?			e or more git	fts having an	aggregate v	alue in excess No
	If YES_identify the person or persons from whom you	received such gifts					
11.	. In 2019, did you receive an improper gift* that you o	disposed of in accorda	ance with Section	2-156-144	of the Govern	mental Ethic	cs Ordinance?
	If YES identify the improper gift(s) the donor(s) if kno	wn and method of disp	oosal as specified in	n the ordinar	ce		
					-		
12.	Do you <u>currently</u> have a financial interest* in any performance and estate?					Yes	X No
	If YES list the name of the person(s) in which you have sought or the action requested)	re financial interest and	describe the City	action reque:	sted (including	the nature of	of the application
	Name		n Requested				
13.	f 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 or 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 Yes No						
	If YES provide the following information						<b>1</b> %
	Name of Debtor,	Is the P	Person a Debtor.	-	Tuno of C	unfut [	
	Creditor or Guarantor		r or Guarantor		Type of D Instrumer	- 1	
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 County Clerk, or any other unit of local government in the State of Illinois?						1
	If YES, name the lobbyist(s) and the lobbyist's relations Name(s)		ionship				1
			,				<b>X</b>
	Do you now have any relative* or domestic partner* who			A. S. Harrison D. Branco		Yes	∐ No
	If YES name the relative(s) or domestic partner(s) his/her/l	their relationship to you	the city contractor(s	) and his/her	/their position	with the conti	ractor(s)
	Name(s) of Relationships	Contractor(s)			Position		
pelie	RIFICATION: I declare that I have examined this Statement of ef it is true and complete. I understand that knowingly fillinoval from office or in employment sanctions including disch	ng a Statement containi arge, in accordance with	ng false or misleadir	ng information julations and	n or failing to a ordinances of	ile by deadlin	e can result in

Signature and Date