Received

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

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IC **CITY OF CHICAGO 2021 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 3, 2021 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. Please answer all 16 questions and sign your form before returning it.	ats.		
- If you need more room, please attach and label extra sheets Terms with an asterisk (*) are defined on the instruction sheet. APR 6 2021			
+ 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(eorganization(s) or property in questions 2 or 9; for question 9, however, they must list the number and types of properties owned, e.g.: "I single-fame house, 2 6-flats."	es),		
Last Name: Kearney First Name: Lober + Middle Initial: N			
Address: City: State: Zip Code:			
City Department/Agency: 42 d Ward Alderman Brank Reilly Title:			
In 2020, were you employed by any governmental unit other than the City of Chicago?			
If YES, list the name of each governmental unit:			
In 2020, did you serve as an employee, officer, director, associate, partner, proprietor or in any advisory capacity for any professional, bus or organization (other than your City employment or appointment) from which you received or derived income of more than \$1,000.00?	iness		
Name & Address Type of Organization Position Position State Organization Position Address Address Address Address Type of Organization Position Address Address Address Address Position Position Address Address Position Position By Category			
In 2020, did you receive compensation in excess of \$5,000.00 for professional*, business or other services rendered to a person* or entity of business* with the City of Chicago, the Chicago Transit Authority, Chicago Board of Education, Chicago Park District, Chicago City College Metropolitan Pier and Exposition Authority?	doing es, or		
If YES, provide the following for each person to which you provided services:			
Name Service Governmental Unit with Hamount of Income By Category +Amount of Income By Category			
In 2020, did your spouse or domestic partner* receive compensation in excess of \$5,000.00 for professional*, business or other services rendered person* or entity doing business* with the City of Chicago, the Chicago Transit Authority, Chicago Board of Education, Chicago Park District, Chi City Colleges, or Metropolitan Pier and Exposition Authority?			
If YES, provide the following for each person to which Spouse/ Domestic Partner provided services:			
Name Nature of Service Governmental Unit with +Amount of Income By Category			
In 2020, did any entity in which you OR your spouse or domestic partner* have a financial interest* receive compensation in exces \$5,000.00 for professional*, business or other services rendered to any person* or entity doing business* with the City of Chicago, the Chic Transit Authority, Chicago Board of Education, Chicago Park District, Chicago City Colleges, or Metropolitan Pier and Exposition Authority. Yes No	cago		
If YES, provide the following information about the entity in which you/spouse/domestic partner have a financial interest: Name of Person to which			
Name of Person to which Services were provided			
Nature of Service Governmental Unit with Which Person Did Business +Amount of Income By Category			
In 2020, did you have a financial interest* in any person* doing business* with the City? (Note: stock interests in publicly held corporations that represents than ½ of 1% (.5%) of the company's outstanding stock, or demand deposits in financial institutions, or endowments, policies or annupurchased from insurance companies, need not be disclosed.) Yes No			
If YES, provide the following for each person:			
Name Title or Description of Position			

7.	7. In 2020, did you have a financial interest* in any person* conducting business* in Chicago? (Note: stock interests in publicly held corport that represent less than ½ of 1% (.5%) of the company's outstanding stock, or demand deposits in financial institutions, or endowments, or annuities purchased from insurance companies, need not be disclosed)		
	Name Type/Instrument of Ownership		
8.	In 2020, 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 or legal description of the real estate) and the appropriate Category of the amount of gain realized for eacidentified asset (see note at top of form). +Amount of Income		
	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, b legal description:		
10.	In 2020, 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 2020, did you receive any improper gifts* that you disposed of in accordance with Section 2-156-144 of the Governmental Ethics Ordinance? Yes No		
	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 2020 applied to the City of Chicago for a license or franchise, or any permit for annexation, zoning or rezoning of real estate?		
	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 2020? (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:		
	Name of Debtor, Creditor or Guarantor Is the Person a Debtor, Creditor or Guarantor Type of Debt Instrument		
14.	Do you now serve on any board or commission (even if not a City board or commission, or not for compensation)?		
	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?		
	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	RIFICATION: I declare that I have examined this Statement of Financial Interests, including any accompanying documents, and to the best of my knowledge and ef 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.		
	Pelit de 3/2 4/ 201 \ Signature and Date		