CITY OF CHICAGO IC 2021 STATEMENT OF FINANCIAL INTERESTS

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

If YES, provide the following for each person:

Name

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,

City of Chicago Board of Ethics Chicago, IL 60654-8488 via e-mail, fax or PDF formats. Please complete this form, sign it and then mail / deliver it to the Board of Ethics. We can be face of Sont 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. Entered + 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. OBINSON Last Name: First Name: Middle Initial Address: Zip Code City Department/Agency: 1. In 2020, were you employed by any governmental unit other than the City of Chicago? ... If YES, list the name of each governmental unit 2. In 2020, 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 Yes If YES, for each organization provide the following information: (see note above) Name & Type of Your +Amount of Income Address Organization Position By Category 3. In 2020, 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? No No ☐ Yes If YES, provide the following for each person to which you provided services Nature of Governmental Unit with +Amount of Income Name Service Which Person Did Business By Category 4. In 2020, 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 District, Chicago Yes No If YES, provide the following for each person to which Spouse/ Domestic Partner provided services: Nature of Governmental Unit with +Amount of Income Name Service Which Person Did Business By Category In 2020, 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 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 Services were provided Nature of Governmental Unit with +Amount of Income Service Which Person Did Business 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 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 X

Title or Description of Position

Your held in This Person

7.	In 2020, 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	g for each person:						
	Name			Type/Instrumen of Ownership	t			
8.	n 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?							
	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 entified asset (see note at top of form).							
							+Amount of Inc By Category	ome
	o you currently have a financial interest* in real estate located in the City of Chicago, other than your principal place of residence? Include all orms of direct or indirect ownership, such as partnerships or trusts whose corpus consists primarily of real estate. (If your principal place of esidence 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 elegal description:	estate by address (see note at top o	of form for filers	s from certain depa	artments), includin	g zip code, or,	if there is no a	address, by
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 perso	on or persons from whom you receive	ed such gifts:					
11	In 2020, did you receive any improper gifts* that you disposed of in accordance with Continue							
11.	n 2020, did you receive any improper gifts* that you disposed of in accordance with Section 2-156-144 of the Governmental Ethics Ordinance? ———————————————————————————————————							
	If YES, identify the impro	per gift(s), the donor(s) if known, an	d method of di	sposal as specifie	d in the ordinance	la .		
12.	Do you <u>currently</u> have a for annexation, zoning of	a financial interest* in any person* or rezoning of real estate?	* who in 2020	applied to the Ci	ty of Chicago for	a license or fi	anchise, or a	
		he person(s) in which you have finar				_	- 7	
	Name		Ac	tion Requested				
13.	making of loans of the loans of the loans	anyone owes you more than \$5,0 in 2020? (Do not include: (1) de kind received by you in accordanc are made at the prevailing rate of ket at the price available to the pu	bt instrument be with other to interest; or (2 ublic.)	s issued by finan erms and conditi) debt instrument	cial institutions vons standard for sissued by publi	vhose normal such loans at cly held corpo	the time the	udes the debt was
	If YES, provide the follow	ving information:	☐ I neithe	r owe nor am owe	ed more than \$5,	00.00	Yes 💢	No
	Name of Debtor, Creditor or Guarantor	ng mormator.		Person a Debtor, tor or Guarantor		Type of Debt Instrument		
14.	Do you now serve on ar	ny board or commission (even if no	ot a City boar	d or commission,	or not for compe	nsation)?	Yes 💢	No
	f YES, provide the Name(s) of board(s) and your position(s) on the board(s):							
15.	Do you <u>currently</u> have a County Clerk, or any oth	covered relative* who is registered ner unit of local government in the	d as a lobbyis State of Illino	t with the City's Bo	oard of Ethics, the	e Illinois Secre		the Cook No
	If YES, name the lobbyist	(s) and the lobbyist's relationship to	you:				, ,	
	Name(s)			lationship				
		tive* or domestic partner* who is an					/ \	
It	AND 1000 DOING TO THE RESERVE TO THE	or domestic partner(s), his/her/their re	lationship to yo	u, the city contracto	r(s), and his/her /th	eir position with	the contractor	(s):
	Name(s) of Relationships		Contractor(s)		Pos	sition		
elie	f it is true and complete. I	have examined this Statement of Final understand that knowingly filing a S mentsanctions, including discharge, ir	tatement conta	ining false or mislea	ading information of	r failing to file I	ov deadline ca	n result in