

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

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

		omplete this form, sign it and inswer all 16 questions and sig				eannot accept. Stat	ements via e-mai	l, fax or PDF formats	3.
		ed more room, please attach a ith an asterisk (*) are defined o							
		ons 2-5 & 8, indicate the approp \$25,000 or more	priate income, comp B= \$5,000 - \$24,99		or capital gain by writ C= less than \$5,00		te category letter:		
	Office of Er	security reasons, filers in the Comergency Communications, on(s) or property in questions 2 flats."	r who are building, o	onsumer j	protection or healt!	inspectors need r	ot disclose the ad	dress of business(es),
	Last Name: (Warbing	ton	Fi	rst Name: <u>La</u>	nett.	Midd	le Initial:	<u>1</u>
	Address:				City:	St	ate: Zi	p Code:	
	City Departm	ent/Agency: ALS+	aid.	Bre	pokins	Title:	ndep	enden	
1.	In 2020, were	you employed by any govern	mental unit other t	han the Ci	ity of Chicago?	P14** P44 PPP** **** **** **** ***		Yes No	
	If YES, list the	name of each governmental u	unit:						—––
2.	or organizati	you serve as an employee, ion (other than your City em	ployment or appoi	ntment) fr	om which you rece	ived or derived in	come of more the	an	ness
	If YES, for each	h organization provide the follo	wing information: (se	e note ab	ove)			ı	
	Name & Address		Type of Organizat	ion		Your Position	I	Amount of Income y Category	
3.	business* w	you receive compensation I ith the City of Chicago, the C n Pier and Exposition Author	Chicago Transit Au	thority, C	hicago Board of Ed	lucation, Chicago			
	If YES, provide	e the following for each person	to which you provide	d services	:				
	Name		Nature of Service		Government Which Perso	al Unit with on Old Business		Amount of Income by Category	
4.	person* or e	your spouse or domestic par entity doing business* with the e, or Metropolitan Pier and Exp	City of Chicago, th	e Chicago	Transit Authority, C	hicago Boardof	Education, Chicas		
	If YES, provi	ide the following for each pers	on to which Spouse	o/ Domest	ic Partner provided	services:		1	
	Name		Nature of Service			ental Unit with erson Did Business		Amount of Income By Category	
5	\$5,000.00 fo Transit Auth	d any entity in which you C or professional*, business or hority, Chicago Board of Ed	r other services rea lucation, Chicago	ndered to Park Dist	any person* or ent rict, Chicago City (ity doing busines: Colleges, or Metro	" with the City of opolitan Pier and	f Chicago, the Chic	cape
	#VES news	ide the following information a	hout the entity in u	hiob was da	novos/domostio par	fnor have a financi	nl internet:		
	Name	ice the lonowing information a	noon are enary no vo	ijuri yaurs	Name of Person	to which	ar nuerosc.		\neg
	Ivalile				Services were p	rovided			
	Nature of Service				nental Unit with erson Did Business		I .	Amount of Income By Category	
6.	less than	l you have a financial interest* ½ of 1% (.5%) of the comp from insurance companies, no	any's outstanding	stock, o	r demand deposits i	n financial institutio	ons, or endowme		
	If YES, prov	ride the following for each pers	son:						
	Name				Fittle or Description Cour held in This Par				
	I			1.3	routheig in This Pel	ชยก			

In 2020, did you have a financial interest* in any person* that represent less than ½ of 1% (.5%) of the company's or annuities purchased from insurance companies, need	conducting business* in Chicago? (Note: stock interests in publicly held corporations utstanding stock, or demand deposits in financial institutions, or endowments; policies not be disclosed)
f YES, provide the following for each person:	
Name	Type/Instrument of Ownership
п 2020, did you realize a capital gain of \$5,000.00 or mo	ore from the sale of any capital asset other than your principal place of residence?
f YES, identify the asset(s) sold (including the address or legal de	escription of the real estate) and the appropriate Category of the amount of gain realized for each +Amount of Income By Category
orms of direct or indirect ownership, such as partnership esidence is in a multiple-unit or mixed-use building in whice	cated in the City of Chicago, other than your principal place of residence? Include all is or trusts whose corpus consists primarily of real estate. (If your principal place of ch you have a financial interest*, answer "yes" to this question.) Yes
If YES, identify the real estate by address (see note at top o legal description:	of form for filers from certain departments), including zip code, or, if there is no address, by
In 2020, did you receive from any person* (other than related \$250.00?	atives* or a domestic partner*) one or more gifts having an aggregate value in excess
If YES, identify the person or persons from whom you receiv	red such gifts:
l	osed 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, ar	
for annexation, zoning or rezoning of real estate?	* who in 2020 applied to the City of Chicago for a license or franchise, or any permit
If YES, list the name of the person(s) in which you have fina sought or the action requested):	ncial interest and describe the City action requested (including the nature of the application
Name	Action Requested
for the City of Chicago in 2020? (Do not include: (1) de making of loans of the kind received by you in accordant contracted, if the loans are made at the prevailing rate of	200.00, did the debtor, creditor or guarantor of the debt do business* with or do work ebt instruments issued by financial institutions whose normal business includes the note with other terms and conditions standard for such loans at the time the debt was finterest; or (2) debt instruments issued by publicly held corporations and purchased 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
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	s) on the board(s):
Do you <u>currently</u> have a covered relative* who is register. County Clerk, or any other unit of local government in the	red as a lobbyist with the City's Board of Ethics, the Illinois Secretary of State, the Cook e State of Illinois? Yes Yes
If YES, name the lobbyist(s) and the lobbyist's relationship to Name(s)	to you:
Do you now have any relative* or domestic partner* who is a	an employee or full- or part-owner of a City contractor?
If YES, name the relative(s) or domestic partner(s), his/her/their Name(s) of Relationships	relationship to you, the city contractor(s), and his/her /their position with the contractor(s): Contractor(s) Position
ief it is true and complete. Lunderstand that knowingly filing a	nancial Interests, including any accompanying documents, and to the best of my knowledge and a statement containing false or misleading information or failing to file by deadline, can result in accordance with applicable rules, regulations and ordinances of the City of Chicago.