

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

CITY OF CHICAGO

T OF FINANCIAL INTERESTS

of the Governmental Ethics Ordinance and sanctions, including fines a your name and violation being made public, you must return this form, completed and sign later than the close of business May 31, 2017 to:

MAY 30 2017 O Board of Ethics 649 N. 7611 Vick, Ste. 500 Chicago, IL 60654-8488

Please complete this form, sign it and then mail / deliver the troad of Ethics . We cannot accept Statements via e-mail, fax or PDI formats. Please answer all 16 questions and sign and date 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. In questions 2-5 & 8, indicate the appr Writing in the appropriate category letter: A= \$25,000 or more NOTE: for security reasons, filers in the Chicago Fire and Police Departments, Inspector General's Office, Independent Police Review Authority and Office of Emergency Communications and building inspectors need not disclose the address of business(es), organizations 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, etc. Last Name: First Name Middle Initial Mailing Address: City State City Department/Agency: Title 1. In 2016, were you employed by any governmental unit other than the City of Chicago? Yes X No If YES, list the name of each governmental unit 2. In 2016, did you serve as an employee, officer, director, associate, partner, or proprietor or in any advisory capacity for any professional, business or other organization (other than your City employment or appointment) from which you received or No No derived income of more than \$1,000.00? 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 2016, 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. If YES, provide the following for each person or entity to which you provided services: Nature of overnment Unit With Which Amount of Income. Name Service Person or Entity Did Business By Category 4. In 2016, did your spouse or domestic partner* receive compensation or payment in excess of \$5,000.00 for professional*, business, employment, work or other services rendered to a person* or entity doing business* with the City of Chicago, the Chicago Transit Authority, Chicago Board of No If YES, provide the following for each person or entity to which Spouse/ Domestic Partner provided services: Nature of Government Unit With Which Name + Amount of Income Person or Entity Did Business Services By Category 5. In 2016, 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? .. No. ☐ Yes If YES, provide the following information about the entity in which you/spouse/domestic partner have a financial interest: Name of Person or Entity to which Name Services were provided

6. In 2016, did you have a financial interest* in any person* doing business* with the City? (Note: common stock interests in publicly held companies that represent less than 1/2 of 1% (.05%) of the company's outstanding common stock, or time or demand deposits in financial institutions, or endowments, policies or annuities purchased from insurance companies, need not be disclosed.) .. No No Yes

Government Unit With

Which Person Did Business

If YES, provide the following for each person: Name

Nature of

Services

Title or Description of Position You Held in This Person

+ Amount of Income.

By Category

4		ess than 1/2 of 1% (.05 ts, policies or annuities						Yes	No No
If Y	ES, provide the follo	owing for each person.		~ ~	0 0 00	Child			
Name				2017	Type / Instru Ownership		d		
		a capital gain of \$5,000							
If YES	i, identify the asset(s	s) sold (including the a ed asset (see note at to	ddress or legal d	E) Others o	7		ate Category of t	Yes he amour	No nt of gain
							+ Amount of Category	gain , By	
		a financial interest* in r							
		wnership, such as part nit or mixed-use buildi							of No
	ES, identify the reai al description:	estate by address (see	note at top of fo	orm for filers from ce	ertain departr	nents), includ	ding zip code, or,	if there is	no address, by
		e from any person* (ot							
		of \$250.00?son or persons from w						Yes	⊠ No
	7		,						
1. In 2	016, did you receive	e any improper gift* th	at you disposed	of in accordance wit	ith Section 2-1	56-144 of th	e		
Soverni	mental Ethics Ordin	ance?						Yes	⊠ No
Soverni	mental Ethics Ordin] Yes	ÌX No
If Y	mental Ethics Ordin (ES, identify the imp you <u>currently</u> have	ance?	r(s) if known, and	d method of disposi	al:	City of Chica	go for a license	Yes Yes	M No
2. Do y	mental Ethics Ordin (ES, identify the imp you <u>currently</u> have hise, or any permit , list the name of th	ance?	any person* or e	d method of disposi entity who in 2016 a eal estate?	applied to the	City of Chica	go for a license	☐ Yes	Ŋ No
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