Name

CITY OF CHICAGO

2017 STATEMENT OF FINANCIAL INTERESTS RECEIVED

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

To avoid a violation of the Governmental Ethics Ordinance and sanctions, including fines and paying your name and violation being made public, you must return this form, completed and signed 17 2 7 2017 later than the close of business May 31, 2017 to:

t Na	me: 5/M	YONS Firs	t Name:	76 M	IBS	Middl	e Initial:	E		
(II)	Address:				_	ity:	8	State:	Zip:	
	partment/Agency: ——				—— Title					
	16, were you employe	d by any governmenta	al unit other than	the City of	Chicago?				Yes	- No
	i, list the name of governmental unit									
	16, did you serve as ar onal, business or other									
ved	income of more than S ES, for each organization	\$1,000.00?							Yes	No
ne &			Type of	, see note as]	Your			Amount of In	roma [
ess			Organization:			Position			y Category	come,
			entity to which y	ou provide	d carvicas:				∐ Yes	No
If Y	ES, provide the following			- Promise	i services.					
	ES, provide the following	Nature Service	e of		Government U	Init With Which y Did Business			Amount of In	come,
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e 201 or 6		Nature Service or domestic partner* d to a person* or entit	e of e receive compens	sation or pay s* with the C tan P <u>ier</u> and	Government U Person or Entir rment in exce Lity of Chicag	y Did Business ess of \$5,000 o, the Chica uthority?	0.00 for progo Transit	ofessional*, Authority, (y Category business, em	nployment, d of
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Title or Description of Position

You Held in This Person

									not be dis			ı	Yes	4
IfY	ES, provide th	e followir	ng for each pe	rson:										
Name								Type / Owner	Instrumen rship	t of				
8. In 20	16, did you re	alize a cap	oital gain of \$5	,000.00 or	more from t	the sale o	of any capi	tal asset	other than	your pri	ncipal pla	ace of	2000	
If YES,	, identify the a	sset(s) so	ld (including t	he addres	s or legal de								Yes ne amoui	nt of gai
											+ Amou		gain , By	
forms of	direct or indi	rect owne	ncial interest* rship, such as r mixed-use b	partnersh	ips or trusts	whose co	orpus cons	ists prin	narily of re	al estate.	(If your p	orincip	al place	clude al of
If YI lega	ES, identify th al description	e real esta	te by address	(see note	at top of for	m for file	rs from ce	rtain de	partments	, includin	g zip coc	le, or, i	if there is	no add
aggrega	te value in ex	cess of \$2	m any person [*] 50.00?					tner*) o	ne or more	gifts hav	ing an		Yes	
If YE	ES, identify th	e person c	or persons fror	n whom y	ou received	such gift	s:							
11. In 20	016, did you re	ceive any	improper gift	* that you	disposed of	f in accor	dance witl	n Sectio	n 2-156-14	4 of the			V	
			r gift(s), the d						••••••			Ц	Yes	
Name									Actio	n l				
		-							Requ					
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