



## **CITY OF CHICAGO** 2023 STATEMENT OF FINANCIAL INTERESTSY of Chicago

To avoid a violation of the Governmental Philips Ordinance and sanctions, including a \$250 per day fine until you file and having your name the violation being made public, you must return this form no later than the close of business (1) may, May 1, 2023 to: Board of Ethics, 740 N. Sedgwick, Suite 500, Chicaod, p. 60654-8488. APR 04 2023

			1 11 4	.,C.6		
<ul> <li>Please complete this form, sign it your form before returning it. If you the instruction sheet.</li> </ul>	i neca more rec	om, prouse attact	und labore Atla Sileet	s. Telle is with a	Denvel of	deidleb-on
+ In questions 2-5 & 8, indicate the app					riate category le	tter:
A= \$25,000 or more	B= \$5,0	000 - \$24,999	C= less than \$5.0	apo .	MAR $1$	6 2023
NOTE: for security reasons, filers in th of Police Accountability, Office of Eme disclose the address of business(es), and types of properties owned, e.g.: "1	ergency Commi organization(s)	unications, or wh or property in qu	o are building, consur	ner protection o	r health inspecto	rs,need not
Last Name: ERUSON		First Name:	LARI		Middle Initial:	E
Address:		City:	State:		Zip:	
City Department / Agency:	000	CIL	Λ <u>Σ</u>	Title:		
In 2022, were you employed by any gover	rnmental unit ot	her than the City o	f Chicago?		Yes	No
If YES, list the name of each governmental unit						
. In 2022, did you serve as an employee, of organization (other than your City employments)	ficer, director, as ent or appointm	ssociate, partner, p ent) from which ye	roprietor or in any adviso ou received or derived in	ory capacity for a scome of more tha	an \$1,000 ?	_
f YES, for each organization provide the follo	wing information	on (see note above			Yes	☐ No
Name & KL WILSON Address: 2179W WILSON	Type of Organizat	CONST	The state of the s	MESIDENT	Amount of income by category	ne B
3. In 2022, did you receive compensation in	excess of \$5000	for professional*,	ousiness or other service	s rendered to a p		oing
ousiness* with the City of Chicago, Chicago 1 Metropolitan Pier and Exposition Authority?						No No
f YES, provide the following for each person						~
	Nature of				<b>—</b> 1	
Name:	Service:		Governmental Unit with which person did business		Amount of by category	
4. In 2022, did your spouse or domestic pa						
endered to a person* or entity doing busine Chicago City Colleges, or Metropolitan Pier a						
YES, provide the following for each person						
en -	Nature of		Governmental Unit with		Amount of	insamo
Name:	Service:			Governmental Unit with which person did business		y
<ol> <li>In 2022, did any entity in which you OR yo refessional*, business or other services rend of Education, Chicago Park District, Chicago of FYES, provide the following information about</li> </ol>	dered to any per: City Colleges, or	son* or entity doin Metropolitan Pier	g business* with the Cit; and Exposition Authorit;	y of Chicago, Chic y?	ago Transit Autho Yes	f \$5000 for ority, Board No
Name:			of person to which			
Nature of Service:		mental Unit with erson did business			Amount of income by category	ле
<ol> <li>In 2022, did you have a financial interest* represent less than 1/2 of 1% (.5%) of the cor annuities purchased from insurance compan</li> </ol>	mpany's outstan	ding stock, or dem	and deposits in financia	l institutions, or e	ndowments, <u>po</u> lic	ies or
f YES, provide the following for each person:						
Name:			Title or Description of You Held in This Pers			
r. In 2022, did you have a financial interest <sup>a</sup> hat represent less than 1/2 of 1% (.5%) of the nnulties purchased from insurance compan	e company's out	standing stock, or	demand deposits in fina	incial institutions,	or endowments,	policies or
f YES, provide the following for each person:		urscrosed.j		************************	L res	KI 140
			7			
Marray			Type / Instrument	of		

Ownership

	ize a capital gain of \$500					No
	sold (including the address					ain realized
	15	1000				
	1. Sept. 37 7.	in the			Amount of incor by category	ne
of direct or indirect owners nultiple-unit or mixed-use	a financial interest* in real e ship, such as partnerships o e building in which you hav	or trusts whose cor e a financial intere	pus consists primarily of r st*, answer "yes" to this q	eal estate. (If your p uestion.)	rincipal place of resider	s No
YES, identify the real esta egal description:	ate by address, (see note at	top of form for file	ers from certain departme	ints), including zip co	ode, or, if there is no add	dress, by
.gui description,	150					
0. In 2022, did you receiv	ve from any person* (exclud	ding relatives* or a	domestic partner*) one o	or more gifts having a	an aggregate value in e	xcess of
2507						s No
YES, Identify the person (	or persons from whom you	received such gift	S:			
I1. In 2022, did you receiv	ve any improper gifts* that y	you disposed of in	accordance with Section	2-156-144 of the Go	vernmental Ethics	s No
	er gift(s), the donor(s) if kno				LJ 16	, III NO
2. Do you <u>currently</u> have innexation, zoning or rezo	e a financial interest* in any oning of real estate?	person* who in 20	22 applied to the City of	Chicago for a license	or franchise, or any per	mit for
	person(s) in which you have				/	COLUMN TO SERVICE STATE OF THE PERSON NAMED IN COLUMN TO SERVICE STATE OF THE PERSON NAMED STATE OF THE PE
Name:			Action Requested			
nade at the prevailing rate	n accordance with other ter e of interest; or (2) debt inst ic.)ag information:	truments issued b	v publicly held corporation	ons and purchased by	vou on the open mark	
Name of Debtor, Creditor or Guarantor:			Is the person a Debtor, Creditor or Guarantor?		Type of Debt Instrument	
	any board or commission (e			ot for compensation)	? Ye	s 🔯 No
YES, provide the Name(s,	) of board(s) and your posit	ion(s) on the boar	o(s):			
		= =				
5. Do you <u>currently</u> have	a covered relative* who is a	registered as a lob	byist with the City's Board	d of Ethics or the Illin	_	s No
YES, name the lobbyist(s	) and the lobbyist's relation	ship to you:				
lame(s):			Relationship			
	relative* or domestic partne				_	
YES, name the relative(s)	or domestic partner(s), his/	ner/their relations	snip to you, the city contr	actor(s), and his/her/	their position with the	contractor
Name(s) and Relationship(s)		Contrac	tor(s)	Positi	on(s)	
	y Council employee* or City e(s) of each City Council r				TVVAIDO TOTAL TOTA	Yes 🗌 N
	e on Lice		1		·	
			broomBC 1			
est of my knowledge a nformation or failing to	re that I have examined t and belief it is true and co of file by deadline, can res egulations and ordinance	omplete. I under ult in removal fro	rstand that knowingly f om office or in employi	iling a Statement of ment sanctions, inc	ontaining false or mi	isleading
		C	al E El	27	3/7/2	P73

Signature and Date

Print Form