740 N. Sedgwick, Ste. 500 Chicago, IL 60654-8488

## CITY OF CHICAGO 2024 STATEMENT OF FINANCIAL INTERESTS

To avoid a violation of the Governmental Ethics Ordinance and sanctions, including a scalar of Ethics day fine until you file and having your name and violation being made public, you must Board of Ethics return this form no later than the close of business Wednesday, May 1, 2024 to: Board of Ethics, 740 N. Sedgwick, Suite 500, Chicago, IL 60654-8488.

Please complete this form, sign it and then mail / deliver it to the Board of Ethics. Please answer all 17 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 the instruction sheet.

In questions 2-5 & 8, indicate the appropriate income, compensation or capital cais because.

+ 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, CCPSA, Inspector General's Office, Civilian Office of 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."

Last Hallie. Z F	ickson	First Name:	CARL	Middle Initial:
Address:		City:	_) State:	Zip:
ity Department / Age	ncy: CITY CO	UNCIL	Title	:
In 2023, were you er	nployed by any governmen	ntal unit other than the City	of Chicago?	
YES, list the name of ch governmental un	it			
In 2023, did you sen anization (other tha	ve as an employee, officer, n your City employment or	director, associate, partner, appointment) from which	proprietor or in any advisory ca you received or derived income	pacity for any professional, business of more than \$1000 ?
		information (see note above		Yes No
me & KL ddress: 2129	WILSON WWILSON	Type of CONS CONSTITUTE OF CON	Your Position: PLE	5 IDEN Amount of income by category
n 2023, did you rece	ive compensation in exces	s of \$5000 for professional	, business or other services ren	dered to a person* or entity doing
iness* with the City tropolitan Pier and E	of Chicago, Chicago Transi xposition Authority?	t Authority, Chicago Board	of Education, Chicago Park Dist	rict, Chicago City Colleges, or Yes X
		ich you provided services :		
			I had no s	pouse or domestic partner in 2023.
me:	1	ature of ervice:	Governmental Unit with which person did business	Amount of income by category
		ich Spouse/Domestic Partn		ther in 2023. Tyes No
ES, provide the follow	ving for each person to wh	ich Spouse/Domestic Partnature of ervice:	er provided services:  Governmental Unit with which person did business	Amount of income by category
(ES, provide the following) Ime: In 2023, did any entity ofessional*, business	N. Se y in which you OR your sp or other services rendered to	ature of ervice:	er provided services:  Governmental Unit with which person did business  * have a financial interest* rece	Amount of income by category (ve compensation in excess of \$5000 for income chicago Chicago Transit Authority Roar
me: In 2023, did any entit fessional*, business of	No. See y in which you OR your spor other services rendered tark District, Chicago City Co	ature of ervice:  ouse or domestic partner to any person* or entity doi	er provided services:  Governmental Unit with which person did business  * have a financial interest* recent	Amount of income by category  ive compensation in excess of \$5000 for licago, Chicago Transit Authority, Boar
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ne:  n 2023, did any entit fessional*, business of ducation, Chicago P. S., provide the follow ne:  ure of vice: n 2023, did you have esent less than 1/2 of uities purchased from S., provide the follow ne: 1 2023, did you have represent less than	y in which you OR your spor other services rendered rark District, Chicago City Coving information about the ving information about the insurance companies, nearly for each person:  a financial interest* in any 1/2 of 1% (.5%) of the companies, nearly for each person:	ature of ervice:  nouse or domestic partner to any person* or entity do obleges, or Metropolitan Piese entity in which you/your sylvanish which person did business person* doing business* we's outstanding stock, or derived not be disclosed).	Governmental Unit with which person did business * have a financial interest* receng business* with the City of Cit and Exposition Authority?	Amount of income by category live compensation in excess of \$5000 for icago, Chicago Transit Authority, Boar Yes No ave a financial interest:  Amount of income by category lests in publicly held corporations that utions, or endowments, policies or yes in publicly held corporations assitutions, or endowments, policies or satisfutions, or endowments, policies or assitutions, or endowments, policies or assitutions.
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place of residence?	ddress or legal description of	the real estate) and t	he appropriate cate	gory of the amount of gain realize
for each identified asset (see note at top or form	1).			
				Amount of income by category
<ol> <li>Do you <u>currently</u> have a financial interest* in of direct or indirect ownership, such as partners nultiple-unit or mixed-use building in which yo</li> </ol>	hips or trusts whose corpus	consists primarily of r	eal estate. (If your p	rincipal place of residence is in a
YES, identify the real estate by address, (see n egal description:	ote at top of form for filers fr	om certain departme	nts), including zip co	ode, or, if there is no address, by
0. In 2023, did you receive from any person* (a 250?				
YES, identify the person or persons from whor	n you received such gifts:			
1. In 2023, did you receive any improper gifts*				
YES, identify the improper gift(s), the donor(s)				
2. Do you <u>currently</u> have a financial interest <sup>a</sup> in	n any nerson* who in 2023 a	onlied to the City of	Thicago for a license	or franchise or any nermit for
nnexation, zoning or rezoning of real estate?				Yes 🔀 No
YES, list the name of the person(s) in which you ought or the action requested:	i have a financial interest and	describe the City ac	tion requested (inclu	uding the nature of the applicatio
lame:	A	ction Requested		
YES, provide the following information:  ame of Debtor, Creditor		I neither owe nor	am owed more than	\$5,000 ☐ Yes 🗖 No Type of Debt
r Guarantor:		ditor or Guarantor?		Instrument
<ol> <li>Do you now serve on any board or commission</li> <li>YES, provide the Name(s) of board(s) and your</li> </ol>		or commission, or no	t for compensation):	7
res, provide the Hame(s) of Board(s) and you	position(s) on the board(s).			
5. Do you <u>currently</u> have a covered relative* w	ho is registered as a lobbyist	with the City's Roard	of Ethics or the Illing	nis Secretary of State?
YES, name the lobbyist(s) and the lobbyist's rel		men are eny 3 poqua	or come or the min.	Yes X No
lame(s):		Relationship		
6. Do you now have any relative* or domestic p	partner* who is an employee	or full-or part owner	of a City contractor?	Yes No
YES, name the relative(s) or domestic partner(s	), his/her/their relationship to	o you, the city contra	ctor(s), and his/her/	their position with the contractor
arme(s) and elationship(s)	Contractor(s)		Position	on(s)
7. Are you <u>currently</u> a City Council employee* o	or City Council contractor*?		***************************************	Yes 🗗 N
YES, provide the name(s) of each City Cou	ncil member, City Council	Committee or City	Council Bureau fo	or whom you work:
COMMITTEE ON LICE.	NSE AND CO	NSUMER	PROTEC	TION
ERIFICATION: I declare that I have examir est of my knowledge and belief it is true ar formation or failing to file by deadline, car	nd complete. I understand	d that knowingly fil	ling a Statement c	ontaining false or misleading
ith applicable rules, regulations and ordin	ances of the City of Chicag	jo.		v
	1086 Our	1		2/20/2024

Signature and Date

Print Form