Board of Ethics

CITY OF CHICAGO 2019 STATEMENT OF FINANCIAL INTERESTS

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

To avoid a violation of the Governmental Ethics Ordinance and sanctions, including fines and having your name and violation language public, you must return this form, completed and signed, no later than in class of business riday, May 31, 2019 to:

	(312) 744-966	0					May 31, 201		0654-8488	City o	of Ch	lcean
	lease complete this fo		d then ma	il / deliver it	to the Boar	rd of Ethics	We cannot		ents via e-mai	i, Bear	OF.	-
- 11	rmats. Please answer you need more room, erms with an asterisk(please attac	h and labe	el extrapsheet		19	ning it.			MAR	25	2019
+1	n questions 2-5 & 8, in A= \$25,000 or r	dicate the ap	propriate 3= \$5,000 -	income, com \$24,999	pensation C= less	or capital g than \$5,000	ain by writin	g in the appro	priate catego	_	ceive	ď
NO	OTE: for security reason	ns, filers in th	Rac	LEG LII	Dar are	thic	or Sneral's (Office, Civilian	Office of Polic	e Account	tability	
	d Office of Emergency operty in questions 2 o		ons and b	uilding and h			ot disclose th	e address of b	usiness(es), org	ganizatio	ns or	
		10.00					<u></u>	,	,			
Last Na	me: SIMM.	0 NS	First Na	ame: 7/	bM	93	Middle	Initial:	_			
Mailing	Address:						City:	State	e: Zip:		ر ر	
	partment/Board mission: Ci	ty Counc	cil/Inde	epender	nt Cont	ractor	le:				_	
1. In 20	18, were you employed	l by any gover	nmental u	nit other than	the City of	Chicago?				Yes 🔀	No	
	5, list the name of governmental unit							-				
professi	18, did you serve as an onal, business or other income of more than \$	organization (other than	n your City er	nployment	t or appoint	ment) from w	hich you recei	ved or	res 🔽	ľ No	
	ES, for each organization											
Name & Address				ype of ganization:			Your Position		+ Amount of By Categor			
3. In 20	18, did you receive com	pensation in o	excess of \$5	5,000.00 for pr	ofessional*	, business or	other service	s rendered to	a person* or er	ntity doing	9	
Metropo	s* with the City of Chica olitan Pier and Exposition	on Authority?	go Transit #	Authority, Chi	cago Board	of Education	n, Chicago Par	K District, Chic	ago City Colleg		LNa	
IfY	ES, provide the followir	ng for each pe	rson or ent	ity to which y	ou provided	d services:			☐ Yes	· ×	_No	
Name			Nature of Service				Unit With Which ity Did Business		+ Amount of By Categor			
4. In 20	18, did your spouse or	domestic par	rtner* rece	eive compens	ation or pay	ment in exc	ess of \$5,000.	00 for profession	onal*, business,	employr	ment,	
Education	other services rendered on, Chicago Park District	t, Chicago City	/ Colleges,	or Metropolit	an Pier and	Exposition A	uthority?	partner in 2018	_	_	No	
						a no spouse	or domestic p	January 111 2010			110	
If Y	ES, provide the followin	g for each per	rson or enti	ity to which S	pouse/ Don	nestic Partne	er provided se	rvices:				
Name			Nature of Services				Unit With Which		+ Amount of			
ı						J						
for profe	8, did any entity in whessional*, business or ot Board of Education, Ch	her services re	endered to	any person* o	or entity do	ing business	* with the City	v of Chicago, th	ne Chicago Trar	ss of \$5,00 nsit Autho es	rity,	
If Y	ES, provide the followin	g information	about the	entity in whic	:h you/spou	use/domestic	c partner have	a financial int	-	6	NO	
Name					Name o	of Person or Enti	ty to which					
Ivanie					Service	s were provided						
Nature of Services				vernment Unit nich Person Did					+ Amount of Inco By Category	ome,		
6. In 201	8, did you have a financ	cial interest* i	n any perso	on* doing bus	iness* with	the City? (N	ote: common	stock interest	s in publicly hel	d compar	nies that	
represen	it less than 1/2 of 1% (.5 or annuities purchased	%) of the com	pany's out	standing com	mon stock,	or time or o	demand depo	sits in financia	institutions, or	rendowm	ents,	
	YES, provide the follow								Yes		No	
Name							r Description					
i i						You H	eld in This Per	rson				

		ess than 1/2 of 1% (.5%) of s, policies or annuities pure		,				Yes	No
IE VE	C manda tha fall								
II TE	s, provide the folio	owing for each person:		-	B				
me		‡			Type / Ins Ownershi	trument of	17		
		capital gain of \$5,000.00 c						f Yes	ΓΣΚΝο
f YES, i	dentify the asset(s) sold (including the addre ed asset (see note at top of	ess or legal d					the amou	unt of gain
							+ Amount of Category	gain , By	
ns of c	direct or indirect o	financial interest* in real e wnership, such as partners nit or mixed-use building ir	hips or trust	s whose corpus cor	sists primai	rily of real estate	e. (If your princ	ipal place	
	S, identify the real description:	estate by address (see not	e at top of fo	orm for filers from c	rtain depai	rtments), includ	ing zip code, or	, if there	is no addres
In 201	I P. did you receive	from any payeon* (athor t	han rolativos	* ax a damastis na	tnav*1 ana	or more gifts b	udag an		
gregate	e value in excess o	from any person* (other to f \$250.00? son or persons from whom						Yes	✓No
		any improper gift* that yo ance?						Yes	⊠N∘
If YES	5, identify the imp	roper gift(s), the donor(s) if	known, and	d method of dispos	ıl:				
f YES, I	ist the name of th	or annexation, zoning or re e person(s) in which you ha e action requested):						Yes the natu	ire of the
Name						Action Requested			
the Cit ns of th ns are i rket at	y of Chicago in 20 ne kind you receiv made at the preva the price available	ranyone owes you more the interest of the interest of the interest; or (2) and the interest; or (2) are to the public.)	ebt instrume er terms and debt instrur	ents issued by finan conditions standar	cial instituti d for such lo plicly held c	ons whose nor oans at the time corporations and	mal business in the debt was o d purchased by	cludes the	e making of d, if the
	of Debtor,	owing information:		Is the Person a De	btor,		Type of Debt		A000 1000
	or or Guarantor			Creditor or Guara	_		Instrument		
		ne(s) of board(s) and your p			clude non-Ci	ity boards or com	missions)?	Yes	No
Do vo	u currently have	a relative* or domestic par	tner* who is	registered as a lobl	vist with th	ne City's Board o	of Ethics?	Yes	
		st(s) and the lobbyist's rela			•	,] 163	
Nam						Relationship			
1000000		relative* or domestic parts		5) 5)	25 30 1930	25	L	Yes	No vith the
ontrac Nam relati			Contrac	tor(s)		Pos	sition(s)		
VERIF	ICATION: I declare	that I have examined this Stat							
	in fines, removal fro	mplete. I understand that kno om office, or employment sand							
_/	will	wester	Sign		_	1/1	12	19	