Boardof Sthics

If YES, provide the following for each person:

Name

CITY OF CHICAGO OF Chicago 2019 STATEMENT OF FINANCIAL INTERESTS



To avoid a violation of the Governmental Ethics Ordinance and sant licins, including times and having Chicago, IL 606 and sant licins, including times and having the completed and signed, no later than the close of business Friday, May 31, 2019 to:

Board of Ethics 740 N. Sedgwick, Ste. 500 Chicago, IL 60654 8488

- Please complete this form, sign it and then mail / deliver it to the Board of Ethics . We cannot accept Statements via e-mail, fax or PDF formats. Please answer all 16 questions and sign and date your form before returning it.
- If you need more room, please petach and label extra sheets.
- Terms with an asterisk(*) are defined on the instruction sheet. + In questions 2-5 & 8, indicate the appropriate income, compensation or capital gain by writing in the appropriate category letter: = less than \$5,000 A= \$25,000 or more B= \$5,000 \$24,999 olice Departments, Inspector General's Office, Civilian Office of Police Accountability NOTE: for secu and Office of Em ations and building and health inspectors need not disclose the address of business(es), organizations or property in questions 2 or 9; for question 9, however, they <u>must</u> list the n<u>umber</u> and <u>types</u> of properties owned, for example: two 6-flats, etc. irne Last Name: First Name Middle Initial: Mailing Address: City Zip: City Department/Board Title or Commission: 1. In 2018, were you employed by any governmental unit other than the City of Chicago? Yes No If YES, list the name of each governmental unit 2. In 2018, 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 derived income of more than \$1,000.00? No If YES, for each organization provide the following information: (see note above) Porter Type of Name & Your Amount of Incom Inswance esicen Address: Position By Category Organization: Micaso & 3. In 2018, 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? Yes If YES, provide the following for each person or entity to which you provided services: Nature of Sovernment Unit With Which + Amount of Income, Name Person or Entity Did Business By Category 4. In 2018, 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 Yes If YES, provide the following for each person or entity to which Spouse/ Domestic Partner provided services Nature of + Amount of Income, Government Unit With Which Name Person or Entity Did Business Services By Category 5. In 2018, 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? . 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 Nature of Government Unit With + Amount of Income Which Person Did Business Services By Category 6. In 2018, 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% (.5%) 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.) ... Yes No.

Title or Description of Position

You Held in This Person

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11-1	ES, provide the follo	owing for each person:					ia.		
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If Y	ES, identify the per	son or persons from wh	om you received	d such gifts:					`
ernn	mental Ethics Ordin	e any improper gift* tha ance?						Yes	No
If Y	ES, identify the imp	roper gift(s), the donor((s) if known, and	d method of	disposal:				-
Name		e action requested):							
						Action Requested			
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