

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

CITY OF CHICAGO 2023 STATEMENT OF FINANCIAL INTERESTS

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

your for the inst + In quest	rm before returned ruction sheet.	irning it. If you ne	ed more room, pl	ease attach and	d of Ethics, Please answer a d label extra sheets. Terms apital gain by writing in the a C= less than \$5,000	with an asterisk (*)	are defined on	
NOTE: for of Police a disclose t	r security reas Accountabilit the address o	sons, filers in the C	Chicago Fire and I ency Communical anization(s) or pr	Police Departmi ions, or who ar operty in quest	ents, OPSA, CCPSA, Inspect e building, consumer protec ions 2 or 9; for question 9, h	tion or health inspe	actors need not	
Last Name:	War	bingta	Firs	t Name:	anefle	Middle Initial:	M	
Address: "				City:)State:	Zip:	/	
City Departn	nent / Agency:	21st	Ward	OF	Title:	Shotogra	young	
1. In 2022, w	rere you emplo	yed by any governn	nental unit other th	an the City of Ch	icago?	7101010101	es No	
If YES, list the each govern					- 10 Tes			
					rietor or in any advisory capacit eceived or derived income of m			
If YES, for each	ch organization	provide the followi	ng information (see	e note above:			Yes Mo	
Name & Address:			Type of Organization:	adjan e sattligen generalit gel	Your Position:	Amount of i by category	A 10 10 10 11 11 11 11 11 11 11 11 11 11	
business* wi	ith the City of C	hicago, Chicago Tra	nsit Authority, Chic	ago Board of Ed	ness or other services rendered ucation, Chicago Park District, C	hicago City Colleges		
If YES, provid	de the followin	g for each person to	which you provide	d services :				
Name:			Nature of Service:		Governmental Unit with which person did business	Amour by cate	nt of income egory	
rendered to Chicago City	a person* or er Colleges, or M	ntity doing business	* with the City of CI Exposition Author	nicago, Chicago ity?	ss of \$5000 for professional*, bu Fransit Authority, Board of Educ no spouse or domestic partner ovided services:	ation, Chicago Park		
Name:	5.7g (5)	23 2 315 330	Nature of Service:		Governmental Unit with which person did business	Amou by cat	nt of income	
professional	l*, business or o	other services render	r spouse or dome red to any person*	or entity doing b	J ve a financial interest* receive c usiness* with the City of Chicag I Exposition Authority?	go, Chicago Transit A		
				Silver and the second second	e/your domestic partner have a	THE R. P. LEWIS CO., LANSING, MICH.	ies III vo	
Name1				erson to which ere provided				
Nature of Service:	0.000		Governmenta which person				Amount of income by category	
represent le annuities pu	ss than 1/2 of urchased from	% (.5%) of the comp insurance companie	oany's outstanding	stock, or deman	he City? (Note: Stock interests d deposits in financial institutio	ns, or endowments,	policies or	
ii 1E3, provi	de trie rollowin	g for each person:						
Name:		1 UV 8 L W_	7 120 12 12		Title or Description of Position You Held in This Person			
that represe annuities po	ent less than 1/ urchased from	2 of 1% (.5%) of the d insurance companie	company's outstan	ding stock, or de	in Chicago? (Note: Stock intere: mand deposits in financial insti	tutions, or endowme	ents, policies or	
If YES, provi	de the followin	ng for each person:		4 7 15 1		o de Egrado	To the year on	
Name:		*			Type / Instrument of Ownership			

8. In 2022, did you realize a capital gain of \$5000 o place of residence?	r more from the sale of any asset other	r than your principal	es No
f YES, identify the asset(s) sold (including the address or or each identified asset (see note at top of form).			
		Amount by categ	of income ory
 Do you <u>currently</u> have a financial interest* in real esta of direct or indirect ownership, such as partnerships or tr nultiple-unit or mixed-use building in which you have a 	rusts whose corpus consists primarily of rea	al estate. (If your principal place of	residence is in a
YES, identify the real estate by address, (see note at to egal description:			
Ale s a lineau later a la	colo la terroria martina a	post of the Artist	a -1 = 3 1 = 3 -1
0. In 2022, did you receive from any person* (excluding 250?			ue in excess of Yes No
YES, identify the person or persons from whom you red	ceived such gifts:		
11. In 2022, did you receive any improper gifts* that you Ordinance?			cs Yes No
YES, identify the improper gift(s), the donor(s) if known	n, and method of disposal as specified in th	ne Ordinance:	
	* Li 2000 Ulidada Graff	liana fara liana au funabia au	any namit for
2. Do you <u>currently</u> have a financial interest* in any pe innexation, zoning or rezoning of real estate?			Yes No
ought or the action requested:			Page November
Name: 	Action Requested		
City of Chicago in 2022? (Do not include: (1) debt instructed the kind received by you in accordance with other terms nade at the prevailing rate of interest; or (2) debt instruction available to the public.)	s and conditions standard for such loans at	t the time the debt was contracted, as and purchased by you on the ope	if the loans are
Name of Debtor, Creditor or Guarantor:	Is the person a Debtor, Creditor or Guarantor?	Type of Debt Instrument	1 . 6
14 . Do you now serve on <i>any</i> board or commission (eve		for compensation)?	Yes No
f YES, provide the Name(s) of board(s) and your position	n(s) on the board(s):	anag Besa — enegra da are	grabbers in tage of a
		Nator' I	
15 . Do you <u>currently</u> have a covered relative* who is re		of Ethics or the Illinois Secretary of	State?
If YES, name the lobbyist(s) and the lobbyist's relationsh	Relationship	<u> </u>	
16. Do you now have any relative* or domestic partner		of a City contractor?	Yes DNo
If YES, name the relative(s) or domestic partner(s), his/h			
Name(s) and Relationship(s)	Contractor(s)	Position(s)	
17. Are you <u>currently</u> a City Council employee* or City	Council contractor*?		Yes No
If YES, provide the name(s) of each City Council m	nember, City Council Committee or City	y Council Bureau for whom you	work:
Alderman Howard	B. BrOOKINS J	R (21st WARD)	
VERIFICATION: I declare that I have examined the best of my knowledge and belief it is true and coinformation or failing to file by deadline, can resu with applicable rules, regulations and ordinances	mplete. I understand that knowingly f ılt in removal from office or in employr	iling a Statement containing fal ment sanctions, including disch	se or misleading arge, in accordance
Xan #Hlb		0.	5/18/2012

Signature and Date

Print Form