



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

CITY OF CHICAGO 2018 STATEMENT OF FINANCIAL INTERESTS

To avoid a violation of the Governmental Ethics Ordinance and sanctions, including fines and having your name and violation being made public, you must return this form, completed and signed, no later than the close of business Thursday, May 31, 2018 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 other formats. Please answer all 16 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 on the instruction sheet.

+ In questions 2-5 & 8, indicate the appropriate income, compensation or capital gain by writing in the appropriate category below:
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, Inspector General's Office, Civilian Office of Police Accountability and Office of Emergency Communications and building and health inspectors need not disclose the address of business(es), organization or property in questions 2 or 9; for question 9, however, they must list the number and types of properties owned, for example two 600 sq. ft.



CANDIDATE

Last Name: Colon First Name: Emerita Middle Initial: _____
Mailing Address: _____ City: Chicago State: IL Zip: 606 _____
City Department/Board or Commission: _____ Title: _____

1. In 2017, 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 2017, 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? Yes No
If YES, for each organization provide the following information: (see note above)

Name & Address:	<u>Rincon Family Services, 3942 W North Avenue, Chicago, IL, 60647</u>	Type of Organization:	<u>Non-profit Organization</u>	Your Position:	<u>Human Resources Specialist</u>	+ Amount of Income, By Category:	<u>A</u>
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3. In 2017, 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 No
If YES, provide the following for each person or entity to which you provided services:

Name:	_____	Nature of Service:	_____	Government Unit With Which Person or Entity Did Business:	_____	+ Amount of Income, By Category:	_____
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4. In 2017, 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 Education, Chicago Park District, Chicago City Colleges, or Metropolitan Pier and Exposition Authority? I had no spouse or domestic partner in 2017. Yes No
If YES, provide the following for each person or entity to which Spouse/ Domestic Partner provided services:

Name:	_____	Nature of Services:	_____	Government Unit With Which Person or Entity Did Business:	_____	+ Amount of Income, By Category:	_____
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5. In 2017, 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 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 No
If YES, provide the following information about the entity in which you/spouse/domestic partner have a financial interest:

Name:	_____	Name of Person or Entity to which Services were provided:	_____
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Nature of Services:	_____	Government Unit With Which Person Did Business:	_____	+ Amount of Income, By Category:	_____
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6. In 2017, 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% (.05%) 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
If YES, provide the following for each person:

Name:	_____	Title or Description of Position You Held in This Person:	_____
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7. In 2017, did you have a financial interest* in any person* conducting business in Chicago? (Note: common stock interests in publicly held companies that represent less than 1/2 of 1% (.05%) 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

If YES, provide the following for each person:

Name Type / Instrument of Ownership

8. In 2017, did you realize a capital gain of \$5,000.00 or more from the sale of any capital asset other than your principal place of residence? Yes No

If YES, identify the asset(s) sold (including the address or legal description of the real estate) and the appropriate Category of the amount of gain realized for each identified asset (see note at top of form).

+ Amount of gain, By Category

9. Do you **currently** have a financial interest* in real estate located in the City of Chicago, other than your principal place of residence? Include all forms of direct or indirect ownership, such as partnerships or trusts whose corpus consists primarily of real estate. (If your principal place of residence is in a multiple-unit or mixed-use building in which you have a financial interest*, answer "yes" to this question.) ... Yes No

If YES, identify the real estate by address (see note at top of form for filers from certain departments), including zip code, or, if there is no address, by legal description:

10. In 2017, did you receive from any person* (other than relatives* or a domestic partner*) one or more gifts having an aggregate value in excess of \$250.00? Yes No

If YES, identify the person or persons from whom you received such gifts:

11. In 2017, did you receive any improper gift* that you disposed of in accordance with Section 2-156-144 of the Governmental Ethics Ordinance? Yes No

If YES, identify the improper gift(s), the donor(s) if known, and method of disposal:

12. Do you **currently** have a financial interest* in any person* or entity who in 2017 applied to the City of Chicago for a license or franchise, or any permit for annexation, zoning or rezoning of real estate? Yes No

If YES, list the name of the person(s) in which you have the financial interest and describe the City action requested (including the nature of the application sought or the action requested):

Name Action Requested

13. If you **currently** owe or anyone owes you more than \$5,000.00, did the debtor, creditor or guarantor of the debt do business* with or do work for the City of Chicago in 2017? (Do not include: (1) debt instruments issued by financial institutions whose normal business includes the making of loans of the kind you received in accordance with other terms and conditions standard for such loans at the time the debt was contracted, if the loans are made at the prevailing rate of interest; or (2) debt instruments issued by publicly held corporations and purchased by you on the open market at the price available to the public.) I neither owe or am owed more than \$5,000.00 Yes No

If YES, provide the following information:

Name of Debtor, Creditor or Guarantor Is the Person a Debtor, Creditor or Guarantor Type of Debt Instrument

14. Do you now serve on **any** board or commission either as a volunteer or for compensation (include non-City boards or commissions)? Yes No

If YES, provide the Name(s) of board(s) and your position(s) on the board(s):

Name of Board: Illinois Caucus For Adolescent Health Board of Directors Position: Board Member

15. Do you **currently** have a relative* or domestic partner* who is registered as a lobbyist with the City's Board of Ethics? Yes No

If YES, name the lobbyist(s) and the lobbyist's relationship to you:

Name(s) Relationship

16. Do you currently have a relative* or domestic partner* who is an employee or full- or part-owner of a City contractor*? Yes No

If YES, name the relative(s) or domestic partner(s), his/her/their relationship to you, the City contractor(s), and his/her/their position with the contractor(s):

Name(s)/relationship(s) Contractor(s) Position(s)

VERIFICATION: I declare that I have examined this Statement of Financial Interests form, including any accompanying documents, and to the best of my knowledge and belief it is true and complete. I understand that knowingly filing a Statement containing false or misleading information, or failing to file by the deadline, can result in fines, removal from office, or employment sanctions, including discharge, in accordance with applicable rules, regulations and ordinances of the City of Chicago.

Emilia Calan Signature and Date 05/02/2018