Boardof Ethics

740 N. Sedgwick, Ste. 500 Chicago, IL 60654-8488 (312) 744-9560

CITY OF CHICAGO

City of Chicage Board of Ethics

2022 STATEMENT OF FINANCIAL INTERESTS

To avoid a violation of the Governmental Etros 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 2 2022 to: Board of Ethics, 740 N Sedgwick, Suite 500; elved Chicago. IL. 60654-8488 By_ Chicago, IL 60654-8488

								-
	 Please complete this form, sign it and the all 15 questions and sign your form before 	mail/deliver returning it.	it to the Board o	f Ethics. We car	not accept State	ments via e-mai	i or fax. Please answ	•
	- If you need more room, please attach and - Terms with an asterisk (*) are defined on t							
	+ in questions 2-5 & 8, indicate the appropria A=\$25,000 or more B*	te Income, com \$5,000 - \$24,9	pensation or cap 99 C	ital gain by writ less than \$5,00	ing in the appropri 10	late category let	ter:	
	NOTE: for security reasons, filers in the Chil Office of Emergency Communications, or w organization(s) or property in questions 2 or house, 2 6-fiets."							
_	ast Name: Guillen		First N	lame: Ed	vardo	M	liddle Initial:	_
	ddress						zip Code: 60	
	ity Department/Agency:	an C	And Co	_	•			d wo
	in 2021, were you employed by any governm		rthan the City of	Chicago?			Yes 🗌 No	
10	STATE OF IMNOS		07 125	PRESEN	TATIVE'S			
	In 2021, did you serve as an employee, of or organization (other than your City empless, 1,000.00?	ovment or app	ointment) from	which you rece	ilvea or aenvea i	ncome or more	iny professional, busi than Yes No	iness
	If YES, for each organization provide the follows	ng information	(see note <u>above)</u>	u			10	
	Address Magic Uply Thrung, Address Chicago, IL 6062	Organiz		*ness	Your Yr-	uner)	+Amount of Income By Category	B
3.	In 2021, did you receive compensation in business* with the City of Chicago, the Ch Metropolitan Pier and Exposition Authority	excess of \$5,0 licago Transit	Authority, Chica	go Board of Ed	lucation, Chicago	Park District,	a person* or entity d Chicago City College Yes No	oing s, or
	If YES, provide the following for each person to	- A - F	ded services	_			i	
	Name	Nature of Service		Governmen Which Pers	lat Unit with on Did Business		+Amount of Income By Category	
4.	In 2021, did your spouse or domestic part: person* or entity doing business* with the C City Colleges, or Metropolitan Pier and Expo	city of Chicago.	the Chicago Tra	nsit Authority, C	hicago Boardo	of Education, Ch	ther services rendered loago Park District, Ch Yes No	ito a icago
	If YES, provide the following for each person	to which Spot	ise/ Domestic Pa		services: mental Unit with		+Amount of income	
	Name	Service			erson Did Business		By Category	
5	In 2021, dld any entity in which you OF \$5,000 00 for professional*, business or of Transit Authority, Chicago Board of Edu	other services cation. Chicag	rendered to any o Park District,	person* or en Chicago City	irty doing busine: Colleges, or Mei	ss" with the Cit tropolitan Pier	y of Chicago, the Chi and Exposition Autho	cago
	If YES, provide the following information abo	out the entity in				cial interest:		
	Name			Name of Person Services were p				
	Nature of Service		Gavernments Which Person	al Unit with n Did Business			+Amount of Income By Category	
6.	In 2021, did you have a financial interest* in less than ¼ of 1% (.5%) of the compa purchased from insurance companies, nee	ny's outstandli	ng stock, or de	mand deposits	in financial institu	tions, or endow		
	If YES, provide the following for each person	n:			_			
	OS.		THIS	or Donadation	of Position !	100		1.1

Your held in This Person

that represen	it less than !	% of 1% (5%) of	t* in any person* ithe company's c companies, need	outstanding	stock, or dema	nd depos	ilts in financia	interests in al institution	s, or endo	held corporati owments, poli s
If YES amvide	the following	for each person								
Name		io. coch poison			Type/Instr					
In 2021, did y	ou realize	a capital gain of	\$5,000 00 or m		e sale of any					ice of residen
If YES, identify identified asset	the asset(s)	sold (including the	address or legal di						_	
Sommad Baset	(SCO NOIS BI	op or rorring							+Amou By Cate	nt of Income
forms of direc	ct or indirec	t ownership, suc	in real estate lo ch as partnership se building in whi	ps or trusts ich you hav	whose corpus	consists erest*, ar	primarily of in nawer "yes" to	real estate o this quest	(If your p	principal place
lf YES, identi legal descript	fy the real e	state by address	(see note at top o	of form for fi	ers from certair	departme	enis), includin	ıg zip code,	or, if there	e is no addres:
634	6 5	. Kede	ie Avi	e						
In 2021, did of \$250 00?	you receive	from any person	n* (other than rel	latives* or a	domestic partr	er*) ona	or more gifts	having an a	ggregate Yes	
	~		whom you receiv							
Frie	-di	ot M!	cheel t	5. M	adiga	Λ				
			fils" that you disp							
			nor(s) if known, ar							
for annexati	on, zoning o	or rezoning of rea	st* in any person al estate?		****************				☐ Yes	No No
sought or the			hich you have fins	incial interes	t and describe t	ne City ac	aon requeste	a (including	ine nature	э от глө арриса
Name					Action Request	ed				
for the City making of it contracted,	of Chicago cans of the i	In 2021? (Do n kind received by are made at the	to more than \$5,00 include (1) do you in accordant prevailing rate of available to the p	ebt instrum- nce with oth f interest; or public.)	ents issued by er terms and or r (2) debt instru	financial onditions ments iss	Institutions to standard for sued by publi	whose nom such loans oly held con	nal busine at the tin	ess includes to the debt was and purchas
WV50	J- 11- 2-11-									
Name of D		ing information		Is	the Person a D	ebtor,		Type of De	140	
Creditor or	Guarantor			C	editor or Guara	nlor		Instrumen		
		•	mission (even if r	•		sion, or n	ot for compe	nsation)?	Yes	□ No
			M DF 8							
Civing	MENG	110300	W. O. C	MEC	1.000					
Do you <u>curre</u> County Cler	<u>enlly</u> have a k, or any oth	covered relative ver unit of local g	" who is registere povernment in the	ed as a lobb e State of III	ylst with the Cil inols?	y's Board	of Ethics, th	e Illinois Se	cretary of	State, the Co
If YES, name	the lobbyist	(s) and the lobby	ist's relationship to	o you	1992					
Name(s)					Relationship					
Do you now t	nave any rela	live* or domestic	partner" who is a	n employee	or full- or part-o	wner of a	City contracto	n	☐ Yes	₩ No
	relative(s)	or domestic partne	er(s), his/her/their n	elabonship to	you, the city cor	tractor(s),	and his/her Al	hoir posibon	with the co	ntractor(s)
Name(s) of Relationship	ps			Contracto	r(z)		Po	sition		
el it is true and	complete I	ment sanctions, in	s Statement of Fina knowingly filing a cluding discharge,	Statement co	nlaining false or	misleading	information o	or failing to fi	ile by dead	dine can requit
		Edulo	Will	wille	le.	11	120	202	2	
-				Signature	and Date		1-1	1		

Signature and Date