

DEC - 6 2022

Received



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

CITY OF CHICAGO 2022 STATEMENT OF FINANCIAL INTERESTS By_

To avoid a violation of the Governmental Ethics Ordinarion and sanctions, including a \$250 per day fine until you file and having your name and violation being made public, you must return this forming later, than the close of the above Monthly May 2, 2022 to: Board of Ethics, 740 N. Sedgwick, Suite 500. Chicago, IL. 60854-8488

 Please complete this form, sign it and the all 16 questions and sign your form before 		to the Boar	d of Ethics. We ca	nnot accept	Stalemonts	ria e-mail or fax Ple	saso answer
 If you need more room, please attach and Terms with an asterisk (*) are defined on 							
+ In questions 2-5 & 8, indicate the appropri A=\$25,000 or more B	ata incomé, compe = \$5,000 - \$24,999		capital gain by writ Colless than \$5,0		propriate cat	egory letter:	İ
NOTE for security reasons, filers in the Ch Office of Emergency Communications, or organization(s) or property in questions 2 o house 26-flets."	who are building c	onsumar pri	etection or healt	h inspectors	need not dis-	close the address of i	business(es).
Last Name VOLKMAN	7	First	Name Ro	MAAX	E	Middle Initial	A.
Address			City: Ut	1CA6	0 Slate:	1L Zip Code	<u>60(</u>
City Department/Agency h/a				Title	n	19	
In 2021, were you employed by any governm	ental unit other th	an the City	of Chicago?			— ⊠ Yes [No
If YES list the name of each governmental on	tie on the		1 2/1-	-0-1	1 07		
U.S. DEPARTMEN	UT OF H	OUSI	NEXU	RBAN	1 DEV	ELOPM	EMI
In 2021 did you serve as an employee, of or organization (other than your City empli \$1,000,007							_
If FES for next organization provide the following	ng ofponetion (and	mich aticles)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Name & E-BAY	Type of Organization	n es	ALES	Your Position	STE	Amount of Amount of Category	
In 2021, did you receive compensation in business* with the City of Chicago, the Orth Metropolitan Pier and Exposition Authority If YES provide the following for each person to Name	cago Transil Auti	honty, Chic		ucation, Chi	cago Park D	istrict, Chicago City	Colleges, or No
In 2021, did your spouse or domestic partn person" or entity doing business" with the C City Colleges, or Metropolitan Pier and Expos	ity of Chicago, the	Chicago Tro	acess of \$5,000 00	Ofor professi	onal", busine:	ss or other services re	
If YES pictivide the tollowing for each percent	to which Spenisor	Diamentic P	artner proceded to	MOVICAS.			
	Nature of Service			intal Unit with son Did Busi		+Amount of By Category	
In 2021, did any entity in which you OR \$5,000.00 for professional*, business or of Transit Authority, Chicago Board of Educi	her services rand	lered to an	y person* or ontil	ly doing bus	iness" with t	he City of Chicago	the Chicago n Authority?
If YES, provide the following information about	it the misty in which		Name of Person		NAME (ALCOHOL	id .	
Name			Services were pro				
Nature of Service		Sovernment Yuich Perso	ol Unit with n Old Businese			*Amount of By Calega	
In 2021, did you have a financial interest* in a less, than % of 1% (15%) of the company purchased from insurance companies, need	's outstanding st	lack, oz de					es, or about thes
of VES provide the following by each person							
turne		1 tle	or Description	of Position			

or annuities purchased from insurance companies, need not be disclosi	ed)	n financial institutions	, or endowments, policies Yes No
VES prepare the labour glor each parson.	· ·		
Name	Type/Instrument of Ownership		
n 2021, did you realize a capital gain of \$5,000,00 or more from the s	ale of any capital asset	other than your prin	cipal place of residence?
YES remain, the secretical evid probability the address or experiencing-point of him- teroffed acuse page material top of layers.	rest estate, and the epitop	rate Category of this pr	and of pain benigned to digit
A/A			*Amount of Income By Category
lo you <u>currently</u> have a financial interest* in real estate located in the Ci orms of direct or indirect ownership, such as partnerships or trusts wh esidence is in a multiple-unit or mixed-use building in which you have a	ose corpus consists prin	narily of real estate.	(if your principal place of
If YES, stendify the real astate by address (see note at top of form for filers	ltom certain (lepartment)	including zip code	or, if there is no address, by
in 2021, did you receive from any person* (other than relatives* or a doi of \$250.00?		nore gifts having an a	aggregate value in excess
FES scentify the person or persons from atom you received such gifts			
n 2021, did you receive any improper gifts* that you disposed of in acco	rdance with Section 2-15		nental Ethics Ordinance?
f YES identify the improper gulf(s), the decorps) if known, and ningbod of du	spositive approfession to the	orthogo con	
Do you <u>currently</u> have a financial interest* in any person* who in 2021 or annexation, zoning or rezoning of real estate?	applied to the City of Ch	neago for a license of	franchise, or any permit
f YES list the name of the person(s) in which you have financial interest an www.ght or the action requirement.	d describe the City school	rodinisted (lectronid)	to the the appliance
Narno Aci	ion Requested		
If you <u>currently</u> owe or anyone owes you more than \$5,000,00 did the or the City of Chicago in 2021? (Do not include (1) debt instruments naking of loans of the kind received by you in accordance with other to contracted, if the loans are made at the prevailing rate of interest, or (2) by you on the open market at the price available to the public.)	issued by financial insems and conditions sta-	titutions whose norm ndard for such loans d by publicly held con	al business includes the at the time the debt was
LYES provide the following information	1		
	Person a Deblor or or Guarantor	Type of De Instrument	DI
to you now serve on any board or commission (even if not a City board	or commission, or not f	or compensation)? `	¥ Yes ☐ No
YES, provide the Name(s) of townly) and your position(s) on the top o(s)			
CHINESE MUTUAL AID ASSOC	IATION ,	BOARD	MEMBER
to you <u>currently</u> have a covered relative" who is registered as a lobbyist county Clerk, or any other unit of local government in the State of fillings			Yes XNo
			Yes 🔀 No
county Clerk, or any other unit of local government in the State of fillnois VES. name the obbyed(s) and the obbyed(s mistoriship to you.			☐ Yes (⊠No
county Clerk, or any other unit of local government in the State of fillnois VES. name the obbyed(a) unit the lobbyed(a militoriship to you.	s?		Yes SKNo
County Clerk, or any other unit of local government in the State of fillnois VES. name the Subsystial unit the Subsystia miatteriship to you. Role Role	ationship	contractor?	☐ Yes 🔯 No
county Clerk, or any other unit of local government in the State of fillnois VES name the subbycd(a) and the subbycd's miletoristics to you. Roll o you now have any relative* or domestic partner* who is an employee or file.	ationship	contractor?	☐ Yes 🔯 No
County Clerk, or any other unit of local government in the State of fillnois VES name the obbyed(a) and the obbyed's miattership to you. Roll o you now have any relative* or domestic partner* who is an employee or full. VES name the obbyed(a) and the obbyed(a) full has full first relationship to you. Name(s) of Contractor(s).	ationship III- or part-owner of a City the day contractory) and beduting any accompanying	Position of painting to the ormation or fairing to the	Yes No