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

DF CHICAGO

To avoid a violation of the Governmental Ethics Ordinance and sanctions later than the close of business Thursday, May 31, 2018 to:

your name and violation being made public, you must return this form, concerted and signed no 60654-8488**MAY** 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 attach and label extra sheets. Terms with an asterisk(*) are defined on the instruction shee В + In questions 2-5 & 8. capital gain by writing in the appropriate category letter: 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), organizations or property in questions 2 or 9; for question 9, however, they must list the number and types of properties owned, for example: two 6-flats, etc. Last Name: Middle Initial: First Name: Mailing Address City City Department/Board Title: or Commission: 1. In 2017, were you employed by any governmental unit other than the City of Chicago? 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, for each organization provide the following information: (see note above) Name & Your Type of + Amount of Income Position ddress Organization: By Category n 2017, did you receive compensation in excess of \$5,000.00 for professional * , business or other services rendered to a person * or entity doing bysiness* 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, provide the following for each person or entity to which you provided services. Nature of Government Unit With Which + Amount of Income Name Person or Entity Did Business Service By Category 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? No I had no spouse or domestic partner in 2017. If YES, provide the following for each person or entity to which Spouse/ Domestic Partner provided services: Nature of Government Unit With Which + Amount of Income Name Person or Entity Did Business Services By Category 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 $for professional^*, business \ or \ other services \ rendered \ to \ any \ person^* \ or \ entity \ doing \ business^* \ with \ the \ City \ of \ Chicago, \ the \ Chicago \ Transit \ Authority, \ the \ Transi$ 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

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 endowgnents, policies or annuities purchased from insurance companies, need not be disclosed.)

Government Unit With

Which Person Did Business

If YES, provide the following for each person:

Nature of

Services

Name

Title or Description of Position You Held in This Person

Amount of Income

By Category

15.11		ts, policies or annuities p			06	MOIN	131	, D Ye	25
If Y	ES, provide the fol	lowing for each person:			Marine Salah	100 100 100 100			(
Name	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			der ere regni	Type / I Owners	nstrument of			1 /1
8. In 201	17, did you realize	a capital gain of \$5,000.00	or more fro	m the sale of any ca	apital asset	other than your	principal p	lace of	\checkmark
If YES,	, identify the asset	s) sold (including the add ed asset (see note at top	fress or legal	description of the	eal estate) a		iate Catego	ory of the am	-
	E .					٧	+ Ame	ount of gain , B ory	у
forms of	direct or indirect of	a financial interest* in real ownership, such as partne nit or mixed-use building	rships or trus	sts whose corpus co	onsists prim	arily of real esta	te. (If your	principal pla	Include all ce of
	ES, identify the real al description:	estate by address (see no	ote at top of	form for filers from	certain dep	partments), inclu	ding zip co	de, or, if ther	e is no addre
10. In 20 aggregat	017, did you receive te value in excess c	e from any person* (other of \$250.00?	than relative	es* or a domestic p	artner*) on	e or more gifts h	aving an	Yes	X No
If YE	ES, identify the per	son or persons from who	m you receive	ed such gifts:					/ \
11 In 20	17 did you ress	any improper cife* the co	you diam	l of in a	with C	2156 14: (:			. ^
Governm	nental Ethics Ordin	any improper gift* that y ance?						Yes	No
If YE	S, identify the imp	roper gift(s), the donor(s)	if known, ar	nd method of dispo	sal:				
12. Do yo	ou <u>currently</u> have	a financial interest* in an	y person* or	antituuda ja 2017	and the standard	the City of Chica	aa faxa lia	0050	
				entity who in 2017	applied to i	the City of Chica	go for a fic	CHISC	1
		or annexation, zoning or	rezoning of r	real estate?				Ye	4
If YES, I	list the name of the	or annexation, zoning or e person(s) in which you he action requested):	rezoning of r	real estate?				Ye	4
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