OCT 03 2022

Board of Ethics 740 N. Sedgwick, Ste. 500 Chicago, IL 60654-8488

(312) 744-9660

if YES, provide the following for each person:

Name

CITY OF CHICAGO 2022 STATEMENT OF FINANCIAL INTERESTS

To avoid a violation of the Governmental Effics 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, Suile 500, Chicago, IL 60654-8488

Received Please complete this form, sign it and then mail / deliver it to the Board of Ethics. We cannot accept Statements via e-mail or fax. Please answer all 16 questions and sign 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 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, OPSA, Inspector General's Office, Civilian Office Police Accountability, Office of Emergency Communications, or who are building, consumer protection or health inspectors need not disclose the address of business(es), organization(s) or property in questions 2 or 9; for question 9, however, they must list the number and types of properties owned, e.g.: "1 single-family Last Name: First Name Middle Initial: Address: COUNCIL City Department/Agency: 1. In 2021, were you employed by any governmental unit other than the City of Chicago? X Yes No If YES, list the name of each governmental unit MINDIS-2. In 2021, did you serve as an employee, officer, director, associate, partner, proprietor or in any advisory capacity for any professional, business or organization (other than your City employment or appointment) from which you received or derived income of more than \$1,000.00? If YES, for eac. rmation: (see note above. Name & Type of Your +Amount of Income Address Organization Position By Category 3. In 2021, 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 to which you provided services Nature of Governmental Unit with +Amount of Income Name Which Person Did Business By Category 4. In 2021, dld your spouse or domestic partner* 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 7 Yes If YES, provide the following for each person to which Sp Nature of Governmental Unit with +Amount of Income Name Service Which Person Did Business By Category In 2021, 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, Chicago Board of Education, Chicago Park District, Chicago City Colleges, or Metropolitan Pier and Exposition Authority? Yes If YES, provide the following information about the entity in which you/spouse/domestic partner have a financial interest: Name of Person to which Name Services were provided Nature of Governmental Unit with Amount of Income Service Which Person Did Business By Category In 2021, did you have a financial interest* in any person* doing business* with the City? (Note: stock interests in publicly held corporations that represent less than ½ of 1% (.5%) of the company's outstanding stock, or demand deposits in financial institutions, or endowments, policies or annuities purchased from insurance companies, need not be disclosed.) Yes No

Title or Description of Position

Your held in This Person

	wing for each person:	s, need not be disclosed)			
Name	wing for each person.	Type/Instrur	nent		
Namo .		of Ownersh	р		
		00 or more from the sale of any ca			
YES, identify the assi antified asset (see no		r legal description of the real estate) an	d the appropriate Catego	ory of the amoun	nt of gain realized for each
					Amount of Income y Category
o vou currently hav	e a financial interest* in real	state located in the City of Chicago	other than your prin	cinal place of	residence? Include all
rms of direct or inc	lirect ownership, such as par	tnerships or trusts whose corpus og g in which you have a financial inte	onsists primarily of re	al estate. (If y	our principal place of
					Yes 🖾 No
	eal estate by address (see note	at top of form for filers from certain o	departments), including	zip code, or, i	f there is no address, by
gal description:					
					1000-1
1 2021, did you rec f \$250.00?	eive from any person* (other	han relatives* or a domestic partne	r*) one or more gifts h	aving an aggr	egate value in excess Yes No
res, identify the p	rson or persons from whom yo	u received such gifts:			
2021, did you rec	eive any improper gifts* that y	ou disposed of in accordance with S	ection 2-156-144 of t	ne Governmen	tal Ethics Ordinance?
					165 24 140
YES, identify the in	proper gift(s), the donor(s) if kr	own, and method of disposal as spec	ified in the prdinance		
YES, list the name	and the second s			(lackeding the	nature of the application
ought or the action i		ave financial interest and describe the		(menung tre	
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Signature and Date