



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

CITY OF CHICAGO 2022 STATEMENT OF FINANCIAL INTERESTS

To avoid a violation of the Governmental Ethics 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, Chicago, IL 60654-8488

City of Chicago
Board of Ethics
MAY 02 2022
Received
PC

- 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

CANDIDATE

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 house, 26-flats."

Last Name: Wilson First Name: Willie Middle Initial: L.

Address: [REDACTED] City: Chicago State: IL Zip Code: 60 [REDACTED]

City Department/Agency: Mayoral Candidate 2023 Title: _____

1. In 2021, 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 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? Yes No

IF YES, for each organization provide the following information: (see note above)

Name & Address	<u>OMAR Medical Supplies</u> <u>263 E. Wacker</u>	Type of Organization	<u>Distribution Company</u>	Your Position	<u>CEO</u>	+Amount of Income By Category	<u>A</u>
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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:

Name	Nature of Service	Governmental Unit with Which Person Did Business	+Amount of Income By Category

4. In 2021, did 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 City Colleges, or Metropolitan Pier and Exposition Authority? I had no spouse or domestic partner in 2021 Yes No

IF YES, provide the following for each person to which Spouse/ Domestic Partner provided services:

Name	Nature of Service	Governmental Unit with Which Person Did Business	+Amount of Income By Category

5. 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 No

IF YES, provide the following information about the entity in which you/spouse/domestic partner have a financial interest:

Name	Name of Person to which Services were provided	
Nature of Service	Governmental Unit with Which Person Did Business	+Amount of Income By Category

6. 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 1/2 of 1% (.5%) of the company's outstanding stock, or demand deposits in financial institutions, or endowments, policies of 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 Your held in This Person

7. In 2021, did you have a financial interest* in any person* conducting business* in Chicago? (Note: stock interests in publicly held corporations that represent less than 1/2 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

If YES, provide the following for each person:

Name	Type/Instrument of Ownership
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8. In 2021, 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).

A Minority Stake in my Company was sold. +Amount of Income By Category **A**

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 2021, 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 2021, did you receive any improper gifts* 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 as specified in the ordinance

12. Do you currently have a financial interest* in any person* who in 2021 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 financial interest and describe the City action requested (including the nature of the application sought or the action requested):

Name	Action Requested
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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 2021? (Do not include: (1) debt instruments issued by financial institutions whose normal business includes the making of loans of the kind received by you 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 nor 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
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14. Do you now serve on any board or commission (even if not a City board or commission, or not for compensation)? Yes No

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

Busey Advisory Board-Member

15. Do you currently have a covered relative* who is registered as a lobbyist with the City's Board of Ethics, the Illinois Secretary of State, the Cook County Clerk, or any other unit of local government in the State of Illinois? Yes No

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

Name(s)	Relationship
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16. Do you now have any 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) of Relationships	Contractor(s)	Position
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VERIFICATION: I declare that I have examined this Statement of Financial Interests, 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 deadline, can result in removal from office or in employment sanctions, in accordance with applicable rules, regulations and ordinances of the City of Chicago.

Willie R. Auld 5/2/22
Signature and Date