

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

CITY OF CHICAGO RECEIVED 2018 STATEMENT OF FINANCIAL INTEREST

To avoid a violation of the Governmental Ethics Ordinance and sanctions, incl your name and violation being made public, you must return this form, completed later than the close of business Thursday, May 31, 2018 to:

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

- 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 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, 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

ast Name: Wary k	1765 First Nan	ne: Heat	her Middle	Initial: E	
ailing Addres:			City: CH	State	e: Te Zip: 600
y Department/Board Commission:			Title:	3	
In 2017, were you employed by a	any governmental unit	t other than the City o	f Chicago?		
f YES, list the name of each governmental unit					
n 2017, did you serve as an emp fessional, business or other orga ived income of more than \$1,000 If YES, for each organization pr	onization (other than)	our City employmer	nt or appointment) from w	vhich you recei	ved or
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dress: 1000 0.190	of shows !	anization:	Position	ngr	+ Amount of Income, By Category
n 2017, did you receive compen: iness* with the City of Chicago, 1 ropolitan Pier and Exposition Au	the Chicago Transit Au	thority, Chicago Board	d of Education, Chicago Pai	rk District, Chic	a person* or entity doing ago City Colleges, or Yes So No
If YES, provide the following fo	r each person or entity	to which you provide	ed services:		- ,-
					+ Amount of Income.
2017, did your spouse or dom	Nature of Service nestic partner* receives a person* or entity doi	re compensation or pa	Government Unit With Which Person or Entity Did Business ayment in excess of \$5,000.	00 for profession Transit Auth	By Category onal*, business, employment,
n 2017, did your spouse or dom k or other services rendered to a cation, Chicago Park District, Ch	Service nestic partner* receiv a person* or entity doi nicago City Colleges, or	ng business* with the Metropolitan Pier and In	Person or Entity Did Business ayment in excess of \$5,000. City of Chicago, the Chicago d Exposition Authority? ad no spouse or domestic	go Transit Auth partner in 2017	onal*, business, employment, ority, Chicago Board of
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Question 14:

Friends of Lakeview, Director St. Joseph Hospital, Community Leaders Board, Director Lakeview Citizens Council, Vice President Rosecrance Lakeview Foundation, Director RECEIVED S