

Name

CITY OF CHICAGO **2014 STATEMENT OF FINANCIAL INTERESTS**

To avoid a legal violation and sanction, including a \$250 fine and having your name and piolation being made public, you must return this form no later than June 2, 2014 to: .

Roard of Ethics 740 N. Sedowick, Ste. 500 Chicago N. 60654-8486.

(312) 744-9660		Board of E	tnics /40 N. Sec	igwick, Ste. 500	OREC	F11- 9
- Please print out this form on leg- Statements via e-mail, fax or PDF - If you need more room, please a	formats. Please answer a ttach and label garra shee	ett.	henmai / deliver and ligh your for	tio the Board o m before return	retnics. We cannot	accept - II
- Terms with an asterisk(*) are def					BBY	-017
+ In questions 2-5 & 8, indicate th A= \$25,000 or more	e appropriate income, cor B= \$5,000 - \$24,999		capital gain by wr an \$5,000	iting in the app	ropriate on tegory let	ter:
NOTE: for public safety reasons, file	ers in the Chicago Fire and	Police Departi	nents, independent	t Police Review I	Authority and Office o	mergency
ommunications or who are build or question 9, however, they must	ng inspectors need not dis-	close the addr	ess of business(es), wned.e.o.: 1 single	organization(s) -family house, 2	or property in questic 6-flats, etc.	ns 2 or 9;
or question synonever, mey must	nat the number one types	or properties o	23144) 4.3 1 2 3		· ·	
474			100			
Name: Smith	First Name:	bren	26 1	Middle Initial:		
dance			City 2	1	State: [/ 7ir: 1	- 27
dress:			City. <u>C</u>	ngo.	- L - L - L	001
Department/Agency:			Title:	on linte	In Ald	Elina
				MARK	7 - 21/101	7
n 2013, were you employed by any	governmental unit other th	han the City of	Chicago?) γε	□ No
YES, list the name of			1		0 0	
ach governmental unit	ole Cour	n dy	130ard	76	Commissio	rens
2013, were you an employee, office ny professional, business or organ	er, director, associate, part ization other than the City	tner, or proprie I from which yo	tor 01, or ald you sel ou received or deriv	ed income of mo	ore than	A Al
00.00?					Yes Yes	100 M
If YES, for each organization provid	le the following Information	n; (see note ab	ove)		.1	1
es CommissER (Type of	1	Your	na.	1 - A + Amount of Ir	come,
ress: [DMM 183 ELL (Type of Organization	: GOU.	HOKNEY Position	on Aklur.	150/ By Category	
					des a nomen# or option	, doing
2013, did you receive compensation less* with the City of Chicago, the 0	n in excess of \$5,000.00 for Chicago Transit Authority, P	r protessional". Board of Educa	, business or other s tion (including the (chicago School (Reform Board of Truste	es), Chicago
District, Chicago City Colleges, or M	letropolitan Pier and Expos	ition Authority	?		Yes	NO
f YES, provide the following for eac	th person to which you pro	vided services:				
						i i
	Nature of Service		Government Unit Wi Which Person Did Bu		+ Amount of Ir By Category	icome,
2013, did your spouse or domesti erson* or entity doing business* w	c partner* receive compe	nsation in exce	ess of \$5,000.00 for p	professional*, bu	isiness or other service	s rendered
erson" or entity doing business" w n Board of Trustees), Chicago Park	District, Chicago City Colle	ges, or Metrop	olitan Pier and Expo	osition Authority	r?	
			mestic partner in 20		☐ Yes	. Do
	_					1
YES, provide the following for eac	h person to which Spouse/	Domestic Part	ner provided servic	es:		
	Nature of		Government Unit Wi	th	+ Amount of In	come,
	Services		Which Person Did Bu	siness	By Category	
013, did any entity in which you 0	P ways spayed or domost	ic nartner* ha	vo a financial intere	st* receive com	pensation in excess of	\$5,000.00
fessional*, business or other service	es rendered to any person	* or entity doin	ng business* with th	ne City of Chicag	o, the Chicago Transit	Authority,
of Education (including the Chicag					ges, or Metropolitan P	ierand
					☐ Yes	2000
YES, provide the following informa	ition about the entity in wh	nich you/spous	e/domestic partner	have a financia	interest:	l
		Name	of Person to which			
		Service	s were provided			
of	Government Un	it With			+ Amount of Income	
25	Which Person Di				By Category	
Live and the second					rigidal in	- 10 - 1
913, did you have a financial intere wned prior to November 1, 2012, t	time or demand deposits in	n financial insti	tutions, or endowm	rents, policies or	annuities purchased f	rom
ce companies need not be disclos	ed, but stock worth \$15,000	0 or more of a	publicly held corpo	ration which sto	ock you acquired on or	after /
per 1, 2012, must be disclosed if the		iness with the	City.		Yes	Ng
f YES, provide the following for ea	ur peison:	-	Title or Descrip	otion of Position		1
1			I THE DIDENNI			

You Held in This Person

from in	surance comp	ave a financial interest* in a r to November 1, 2012, or t panies need not be disclose 112, must be disclosed if the	ed, but stock	me deposits in financ	ial institutio	ns, or endown	ents, polic	les or annuities	
If Y	ES, provide ti	ne following for each perso	n:	as conducting basin	ess in the Ci	у.)		D)	res Kin
Name			Thoras	****	Type / Owner	Instrument of rship			
8. In 201 residence	3, did you re e?	alize a capital gain of \$5,00	**∙€ 0.00 or more	from the sale of any	capital asset	other than you	ur principa	place of	11
II YES,	identify the a	esset(s) sold (including the entified asset (see note at to	addrass or lo	gal description of the	real estate)	and the appro	priate Cate	gory of the am	es No ount of gain
								mount of gain , E egory	ly
a multiple	-unit or mixe	cial interest* In real estate rship, such as parmerships d-use building in which yo	u have a fina	ncial interest*, answ	rimarily of r er "yes" to th	eal estate. (If y is question.)	our princip	al place of resi	denče isi in
If YES legal	, identify the description:	real estate by address (see	note at top o	at form for filers from	cenzin dep	arments), incl	uding zip (ode, or, if there	e is no addres
									E CONTRACTOR
-55119011	veice iii exee	eive from any person* (oth	*****************	***************************************	zriner*) one	e or more gifts	having an	[] Yes	"DAsc
11 723,	identify the	person or persons from wh	om you recei	ved such gifts:					J
11. In 2013,	, did you rece	eive an improper gift* that	you disposed	l of in accordance wi	th Section 2	-156-144 of the	e		.)
ao recininei	ital Ethics Off	dinance? nproper gift(s), the donor(***********	***************************************		***************************************		Yes	No.
			0V						
12. Do you l permit for ar	have a financ nnexation, zo	ial interest* in any person* ning or rezoning of real es	who in 2013	applied to the City o	of Chicago fo	or a license or f	ranchise, o	rany	.>\
11 1 E S, 11SE T	the name of	the person(s) in which you he action requested):	have financia	al interest and descri	be the City a	action requests	ed (includia	ng the nature o	of the
Name						Action Requested			
the kind recei made at the p price available	ived by you in prevailing rati to the publ	owes you more than \$5,000 ot include: (1) debt instruct in accordance with other tell of interest; or (2) debt instruction. I neither of lowing information:	rms and cond struments iss	ditions standard for	ons whose i such loans a corporation	normai pusine	ss includes	the making of	loans of
Name of De Creditor or t	,			Is the Person a Del Creditor or Guaran			Type of D Instrume		L
14. Do you ser	ve on any bo	oard or commission (even i	f not a City b	oard or commission.	or not for c	ompensation)	; ;		7
If YES, pro-	vide the Nan	ne(s) of board(s) and your p	oosition(s) on	the board(s):				Yes	100
5. Do you hav	e a relative*	or domestic partner* who	is registered	as a lobbvist with th	e City of Chi	rago's Roard o	f Ethics?		
If YES, nam	e the lobbyl	st(s) and the lobbyist's rela	tionship to yo	ou:	- any	-	ri Etrico:	☐ Yes	1100
Name(s)						Relationship			
5. Do you have	e a relative* o	or domestic partner* who i	s an employe	e or full- or part-ow	ner of a City	contractor* ?		☐ Yes <	No.
If YES, name ti contractor(s):	he relative(s)	or domestic partner(s), his	/her/their rel	lationship to you, th	e city contra	ctor(s), and his	s/her/their	position with	the
Name(s)/ relationship	o(s)		Contracto	r(s)		Positi	ion(s)		
VERIFICATIO belief it is true office or in em	N: I declare the and complete personnent san	nat I have examined this States e. I understand that filing a State actions, Including discharge, in	accordance w	ial Interests, including Inling false or misleadin ith applicable rules, re ture and Date	any accompa ng informatio guistions and	onying statemen in with the inten lordinances of t	its, and to th it to mislead he City of C	e best of my kno Can resuft in rer hicago.	owledge and noval from

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