

STATEMENT OF FINANCIAL DISCLOSURE

DATE _____
NAME OF ESTABLISHMENT _____
ADDRESS OF ESTABLISHMENT _____

This schedule must be completed in its entirety except where noted.
Question No. 5 does not have to be answered unless the Mayor specifically requests this information.

PLEASE NOTE that this schedule will not be available to the general public and may be used only by City Officials for official purposes.

1. Give below a detailed statement of assets and liabilities of the business. This section **MUST** be filled out. Please do not write "NONE".

ASSETS			LIABILITIES	
Description	\$ Amount	Name	Description	\$ Amount

2. List below the names and addresses of all secured creditors and a description of the security interest of each.

3. List below the names and addresses of all creditors who have any right to control the use or disposition of the business or any asset thereof.

NAME	ADDRESS

4. List below the names and addresses of each creditor who holds indebtedness of the business totalling in the aggregate 20% or more of the net worth of the business. (Net worth is the amount that assets of the business exceed the liabilities of the business)

NAME	ADDRESS

5. Attach hereto a detailed profit and loss statement for the last preceding business year. (ATTACH ONLY IF REQUESTED BY THE MAYOR)

6. If you are a corporation, please attach a copy of the latest annual report required to be filed Pursuant to Section 157.95 of the Business Corporation Act of Illinois.

7. Please list below in detail, a description of all agreements or obligations which purport to bind any successor to you to continue to purchase, rent or accept any goods, wares or services from a specified supplier thereof.

**IF ADDITIONAL SPACE IS REQUIRED TO ANSWER ANY OF THE ABOVE QUESTIONS,
PLEASE ATTACH A SUPPLEMENTAL SHEET.**

THIS STATEMENT IS TO BE FILED IN DUPLICATE