

COOK COUNTY OFFICE OF THE CHIEF PROCUREMENT OFFICER
CONTRACT AWARD RECOMMENDATIONS

OCTOBER 7, 2015

Item #	Contract#	Recommended Action	Using Department	Description	Recommended Vendor	Contract Amount	MBE/WBE Participation	Participation Type	Participation%	# of Bids Received	# of M/WBE Bids Received	CCA Concurr
1	1545-14516	Award	Department of Transportation and Highways	Mowers	Shorewood Home and Auto	\$179,985.38	Sutton Ford, Inc. West Fuels, Inc.	MBE (6) WBE (7)	12.5% Indirect 5% Indirect	3	0	Y
2	1418-13332	Award	Bureau of Technology and Public Defender	Public Defender Case Management System	Journal Technologies, Inc.	\$2,326,425.00	W4Sight, LLC	WBE (7)	35%-Direct	9	1	Y
3	1518-14008	Award	Department of Risk Management	Employer-Sponsored Health Insurance Benefits	Health Care Service Corp. d/b/a Blue Cross Blue Shield of Illinois	\$884,195,500.00	Action Bag Company Innovative Systems Group, Inc. Instant Technology, LLC Kairos Consulting Worldwide, LLC Montenegrp Paper Ltd My wellness Community, Inc. Viva USA Inc.	WBE (7) MBE (8) WBE (7) MWBE(6) MBE (9) MBE (6) MWBE(8)	2%- Direct 8%-Indirect 7%-Indirect 3%-Direct 2%-Direct 4%-Direct 9%-Indirect	4	0	Y
4	1553-14559A	Award	Justice Advisory Council	Violence Prevention, Intervention and Reduction Seed Grants (\$40,000)	Presence Behavioral Health	\$40,000.00	DNA	DNA	DNA	15	DNA	Y
5	1553-14559B	Award			North Lawndale College Prep. Charter High School	\$40,000.00				15		
6	1553-14559C	Award			Lawndale Christian Legal Center	\$40,000.00				15		
7	1553-14559D	Award			Inspiration Corporation	\$40,000.00				15		
8	1553-14559E	Award			Respond Now	\$40,000.00				15		
9	1553-14559F	Award			Children's Research Triangle	\$40,000.00				15		
10	1553-14559G	Award			Center for Advancing Domestic Peace	\$40,000.00				15		
11	1553-14559H	Award			Center for Conflict Resolution	\$40,000.00				15		
12	1553-14823	Award	Adult Probation Department	Drug Court Assessment Evaluator Services	Treatment Alternatives for Safe Communities, Inc. (TASC, Inc.)	\$516,708.00	DNA	DNA	DNA	DNA	DNA	Y
13	1530-14317	Award	Department of Risk Management	Unemployment Compensation Claims Program Services	NSN Employer Services, Inc.	\$201,720.00	DNA	DNA	DNA	9	0	Y
14	1553-14560A	Award	Justice Advisory Council	Violence Prevention, Intervention and Reduction Mini-Seed Grants (\$10,000)	The Salvation Army Metropolitan Division	\$10,000.00	DNA	DNA	DNA	11	DNA	Y
15	1553-14560B	Award			Phalanx Family Services	\$10,000.00				11		
16	1553-14560C	Award			James Moran Center for Youth Advocacy	\$10,000.00				11		
17	1553-14560D	Award			New Life Centers of Chicagoland	\$10,000.00				11		
18	1553-14560E	Award			Just Christ Ministries	\$10,000.00				11		
19	1553-14560F	Award			Alliance of the Southeast	\$10,000.00				11		
20	1553-14560G	Award			Dr. Pedro Albizu Campos Puerto Rican High School	\$10,000.00				11		
21	1553-14560H	Award			St. Joseph Services	\$10,000.00				11		
22	1550-14625	Award	DHSEM	Emergency Response Tow Vehicles	Larry Roesch Chrysler Jeep Dodge Ram LLC	\$209,067.00	Triangle Fabrication & Body Co. Knights Body Shop	MBE (9) WBE (7)	12.5% Indirect 5% Indirect	3	1	Y
23	1553-14679	Award	Juvenile Temporary Detention Center	Residents' Clothing	Uniforms Manufacturing, Inc.	\$695,120.95	D.C MadHatter, Inc. DLV Printing Services, Inc.	MBE(6) WBE(6)	17.5%- Indirect 5%- Indirect	4	1	Y
24	1530-14318	Award	Department of Risk Management	Administrative Services for Patient Arrester Medical Bills	Cannon Cochran Management Services, Inc.	Not to exceed \$360,250.00	Insurers Review Services, Inc.	MBE (6)	35%- Direct	2	0	Y

MBE/WBE Participation Types:
Native American (4)
African American (6)
Female (7)
Asian (8)
Hispanic (9)

R - Rebid
DNA - Does Not Apply
CCA - Contract Compliance Administrator
**Not Low Bidder

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

The Cook County Code of Ordinances (§2-610 et seq.) requires that any Applicant for any County Action must disclose information concerning ownership interests in the Applicant. This Disclosure of Ownership Interest Statement must be completed with all information current as of the date this Statement is signed. Furthermore, this Statement must be kept current, by filing an amended Statement, until such time as the County Board or County Agency shall take action on the application. The information contained in this Statement will be maintained in a database and made available for public viewing.

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"Person" "Entity" or "Legal Entity" means a sole proprietorship, corporation, partnership, association, business trust, estate, two or more persons having a joint or common interest, trustee of a land trust, other commercial or legal entity or any beneficiary or beneficiaries thereof.

This Disclosure of Ownership Interest Statement must be submitted by :

- 1. An Applicant for County Action and
2. A Person that holds stock or a beneficial interest in the Applicant and is listed on the Applicant's Statement (a "Holder") must file a Statement and complete #1 only under Ownership Interest Declaration.

Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This Statement is being made by the [X] Applicant or [] Stock/Beneficial Interest Holder

This Statement is an: [X] Original Statement or [] Amended Statement

Identifying Information:

Name Shorewood Home and Auto

D/B/A: FEIN NO/SSN (LAST FOUR DIGITS): 1882

Street Address: 3445 Eagle Nest Drive

City: Crete State: IL Zip Code: 60417

Phone No.: (708)-672-7511 Fax Number: (708) 672-7508 Email: kate@shorewoodhomeandauto.com

Cook County Business Registration Number: N/A (Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): N/A

Form of Legal Entity:

[] Sole Proprietor [] Partnership [X] Corporation [] Trustee of Land Trust

[] Business Trust [] Estate [] Association [] Joint Venture

[] Other (describe)

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
Marc Moyer	1290 Holt Road Mineoka, IL 60447	100%

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address
N/A		

3. Is the Applicant constructively controlled by another person or Legal Entity? [] Yes [] No
If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship
N/A			

Corporate Officers, Members and Partners Information:

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
N/A			

Declaration (check the applicable box):

- I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.
- I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

MARC MOYER
Name of Authorized Applicant/Holder Representative (please print or type)

Marc Moyer
Signature

Kate@Shorewoodhomeandauto.com
E-mail address

Subscribed to and sworn before me
this 23rd day of July, 2015.

X Marcus Boone
Notary Public Signature

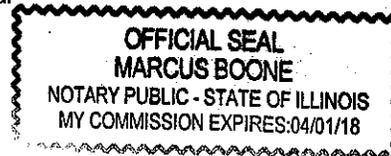
President
Title

7/23/15
Date

708-672-7511
Phone Number

My commission expires: 04/01/18

Notary Seal



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This Statement is being made by the Applicant or Stock/Beneficial Interest Holder

This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name Journal Technologies, Inc.
 D/B/A: _____ FEIN NO.: 87-0626854
 Street Address: 843 South 100 West
 City: Logan State: Utah Zip Code: 84321
 Phone No.: 435-713-2100 Fax Number: _____ Email: jpeek@journaltech.com

Cook County Business Registration Number: _____
 (Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): _____

Form of Legal Entity:

- Sole Proprietor Partnership Corporation Trustee of Land Trust
- Business Trust Estate Association Joint Venture
- Other (describe) _____

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
Daily Journal Corporation	915 E 1st Street Los Angeles, CA 90012	100%

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address

3. Is the Applicant constructively controlled by another person or Legal Entity? Yes No
 If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship
Daily Journal Corporation	915 East 1st Street Los Angeles, CA 90012	100%	

Corporate Officers, Members and Partners Information:

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

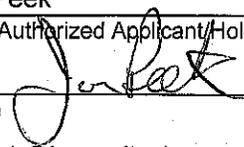
Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Gerald L. Salzman	915 East 1st Street, Los Angeles, CA 90012	President, CEO, Secretary	
Jon Peek	843 South 100 West Logan, Utah 84321	COO	
Kyle Kennington	843 South 100 West Logan, Utah 84321	Assistant Secretary	

Declaration (check the applicable box):

- I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.
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CONTRACT NO.

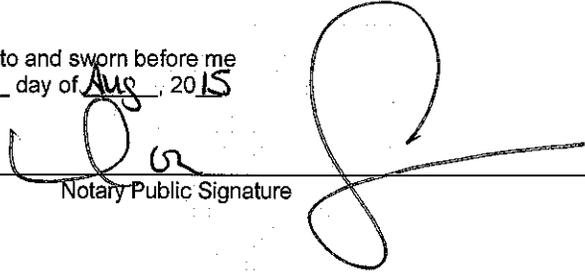
COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

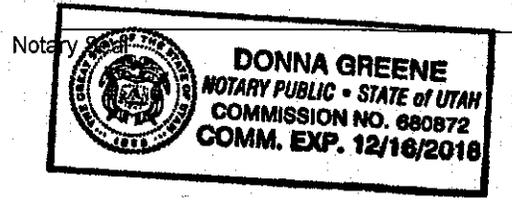
Jon Peek
Name of Authorized Applicant/Holder Representative (please print or type)

Signature
jpeek@journaltech.com
E-mail address

COO
Title
8-13-15
Date
435-713-2100
Phone Number

Subscribed to and sworn before me
this 13 day of Aug, 2015

My commission expires: 12/16/2018

X 
Notary Public Signature



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This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name Health Care Service Corporation, a Mutual Legal Reserve Company

D/B/A: _____ FEIN NO/SSN (LAST FOUR DIGITS): 36-1236610

Street Address: 300 E. Randolph Street, Chicago, Illinois 60601-5099

City: Chicago State: Illinois Zip Code: 60601-5099

Phone No.: 312-653-8069 (Robert Miller) Fax Number: 312-228-7914 Email: Robert_Miller@bcbsil.com

Cook County Business Registration Number: N/A
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): N/A

Form of Legal Entity:

Sole Proprietor Partnership Corporation Trustee of Land Trust

Business Trust Estate Association Joint Venture

Other (describe) a Mutual Legal Reserve Company

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
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Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Please see the attached list of HCSC officers and Board of Directors.			

Declaration (check the applicable box):

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Maurice Smith

Name of Authorized Applicant/Holder Representative (please print or type)

Maurice P. Smith

Signature

SmithM@bcbsil.com

E-mail address

Subscribed to and sworn before me
this 21st day of July 2015

X 
Notary Public Signature

President, Illinois Division

Title

July 21, 2015

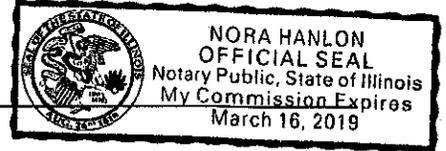
Date

(312) 653-4729

Phone Number

My commission expires:

Notary Seal



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This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name Presence Behavioral Health

D/B/A: _____ FEIN NO/SSN (LAST FOUR DIGITS): 36-2709982

Street Address: 1820 S 25th Ave

City: Broadview State: IL Zip Code: 60155

Phone No.: 708-681-2324 Fax Number: 708.681.1289 Email: _____

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): _____

Form of Legal Entity:

Sole Proprietor Partnership Corporation Trustee of Land Trust

Business Trust Estate Association Joint Venture

Other (describe) Not-for-profit corporation

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
Presence Healthcare Services	200 S Wacker Dr., Chicago, IL 60606	100%, sole corporate member

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

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Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Frank Perham	1820 S 25th Ave., Broadview, IL 60155	Board Chair/Senior Executive Officer	1 year (ends 12/31/15)
Anthony Filer	200 S Wacker, Chicago, IL 60606	Treasurer	1 year (ends 12/31/15)
Jeannie Frey	200 S Wacker, Chicago, IL 60606	Secretary	1 year (ends 12/31/15)
Patrick Quinn	200 S Wacker, Chicago, IL 60606	Assistant Treasurer	1 year (ends 12/31/15)
Julie Roknich	200 S Wacker, Chicago, IL 60606	Assistant Secretary	1 year (ends 12/31/15)

Declaration (check the applicable box):

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- I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

Frank C Perham

Name of Authorized Applicant/Holder Representative (please print or type)

Frank Perham
Signature

fperham@presencehealth.or

E-mail address

Subscribed to and sworn before me
this 30th day of April, 2015

Kathleen A Jarecki
Notary Public Signature

Vice President

Title

4/30/2015
Date

708.338.3806 ext. 5555

Phone Number

My commission expires: 1/2/18



Notary Seal

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This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name North Lawndale College Prep

D/B/A: _____ FEIN NO/SSN (LAST FOUR DIGITS): 36-4229548

Street Address: 1313 S. Sacramento Blvd.

City: Chicago State: IL Zip Code: 60623

Phone No.: 773-542-6766 Fax Number: 773-542-6955 Email: jhoran2@nlcphs.org

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): _____

Form of Legal Entity:

Sole Proprietor Partnership Corporation Trustee of Land Trust

Business Trust Estate Association Joint Venture

Other (describe) _____

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Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
John Horan	1313 S. Sacramento Blvd., Chicago, IL 60623	President	
Chris Kelly	1313 S. Sacramento Blvd, Chicago, IL 60623	Secretary	
Betsy Cadwallader	1216 W. Altgeld, Chicago, IL 60614	Treasurer	

Declaration (check the applicable box):

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- I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

x JOHN Horan
Name of Authorized Applicant/Holder Representative (please print or type)
+ John Horan
Signature
jhoran2@nkphs.org
E-mail address

Subscribed to and sworn before me
this 1st day of May, 2015
x Yvette M Vessel
Notary Public Signature

x President
Title
+ 5/1/15
Date

Phone Number

My commission expires:
Official Seal
Yvette M Vessel
Notary Public State of Illinois
My Commission Expires 06/22/2018
Notary Seal

06/22/2018 (YMV)

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

The Cook County Code of Ordinances (§2-610 et seq.) requires that any Applicant for any County Action must disclose information concerning ownership interests in the Applicant. This Disclosure of Ownership Interest Statement must be completed with all information current as of the date this Statement is signed. Furthermore, this Statement must be kept current, by filing an amended Statement, until such time as the County Board or County Agency shall take action on the application. The information contained in this Statement will be maintained in a database and made available for public viewing.

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"County Action" means any action by a County Agency, a County Department, or the County Board regarding an ordinance or ordinance amendment, a County Board approval, or other County agency approval, with respect to contracts, leases, or sale or purchase of real estate.

"Person" "Entity" or "Legal Entity" means a sole proprietorship, corporation, partnership, association, business trust, estate, two or more persons having a joint or common interest, trustee of a land trust, other commercial or legal entity or any beneficiary or beneficiaries thereof.

This Disclosure of Ownership Interest Statement must be submitted by :

- 1. An Applicant for County Action and
2. A Person that holds stock or a beneficial interest in the Applicant and is listed on the Applicant's Statement (a "Holder") must file a Statement and complete #1 only under Ownership Interest Declaration.

Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This Statement is being made by the [X] Applicant or [] Stock/Beneficial Interest Holder

This Statement is an: [X] Original Statement or [] Amended Statement

Identifying information:

Name Lawndale Christian Legal Center

D/B/A: FEIN NO/SSN (LAST FOUR DIGITS): 27-2285007

Street Address: 1530 S. Hamlin Avenue

City: Chicago State: IL Zip Code: 60623

Phone No.: 773-762-6381 Fax Number: 773-762-9121 Email: akovac@lclc.net

Cook County Business Registration Number: (Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable):

Form of Legal Entity:

[] Sole Proprietor [] Partnership [] Corporation [] Trustee of Land Trust

[] Business Trust [] Estate [] Association [] Joint Venture

[X] Other (describe) 501c3 non-profit

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
None		

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address
None		

3. Is the Applicant constructively controlled by another person or Legal Entity? [] Yes [] No
 If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship

Corporate Officers, Members and Partners Information:

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Wayne Gordon	3827 W. Ogden Ave, Chicago	President	2015-2016
Joseph Atkins	3827 W. Ogden Ave, Chicago	Vice President	2015-2016
Chelsea Johnson	3827 W. Ogden Ave, Chicago	Secretary	2015-2016
Bruce Miller	3860 W. Ogden Ave, Chicago	Treasurer	2015-2016

Declaration (check the applicable box):

- I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.
- I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

Cliff Nellis
Name of Authorized Applicant/Holder Representative (please print or type)

Cliff Nellis
Signature

cnellis@lalc.net
E-mail address

Subscribed to and sworn before me
this 22nd day of April, 2015.

X *Chelsea Johnson*
Notary Public Signature

Lead Attorney/Executive Director
Title

4-22-15
Date

773-762-6381
Phone Number

My commission expires:



COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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This Statement is being made by the Applicant or Stock/Beneficial Interest Holder

This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name Inspiration Corporation

D/B/A: _____ FEIN NO/SSN (LAST FOUR DIGITS): _____

Street Address: 4554 N. Broadway, 207

City: Chicago State: IL Zip Code: 60640

Phone No.: 773-878-0981 Fax Number: 773-878-3114 Email: _____

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): 5562-400-3

Form of Legal Entity:

Sole Proprietor Partnership Corporation Trustee of Land Trust

Business Trust Estate Association Joint Venture

Other (describe) _____

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
N/A		

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address

3. Is the Applicant constructively controlled by another person or Legal Entity? [] Yes [] No
 If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

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Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office

Declaration (check the applicable box):

- [] I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.
- [] I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

Shannon K. Stewart
Name of Authorized Applicant/Holder Representative (please print or type)

Shannon K. Stewart
Signature

sstewart@inspirationcorp.org
E-mail address

Subscribed to and sworn before me
this 1st day of May, 2015

x *Gwendolyn Gipson*
Notary Public Signature

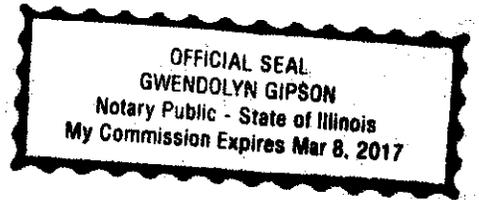
Executive Director/CEO
Title

4/28/15
Date

773-878-0981 Ext 224
Phone Number

My commission expires:

Notary Seal



N/A

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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This Statement is being made by the Applicant or Stock/Beneficial Interest Holder

This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name RESPOND NOW

D/B/A: _____

Street Address: 1439 EMERSON AVE

FEIN NO/SSN (LAST FOUR DIGITS): _____

City: CHICAGO HEIGHTS

State: IL

Zip Code: 60412

Phone No.: _____

Fax Number: _____

Email: _____

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): 23-7091808

Form of Legal Entity:

Sole Proprietor Partnership Corporation Trustee of Land Trust

Business Trust Estate Association Joint Venture

Other (describe) NOT-FOR-PROFIT

N/A

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address

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Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office

Declaration (check the applicable box):

- I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.
- I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

Carl Wolf
Name of Authorized Applicant/Holder Representative (please print or type)

C. Wolf
Signature

ewolf@respondnow.org
E-mail address

Subscribed to and sworn before me
this 30 day of April, 2015.

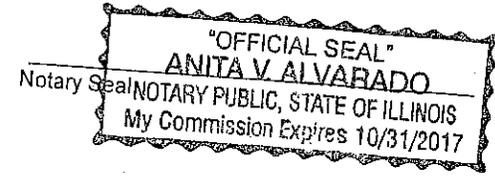
x Anita V. Alvarado
Notary Public Signature

Executive Director
Title

4-30-2015
Date

708-255-4357
Phone Number

My commission expires: 10/31/17



COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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This Statement is being made by the Applicant or Stock/Beneficial Interest Holder

This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name Children's Research Triangle, Inc.

D/B/A: _____ FEIN NO/SSN (LAST FOUR DIGITS): 6142

Street Address: 70 E. Lake Street, Suite 1300

City: Chicago State: IL Zip Code: 60601

Phone No.: 312-726-4011 Fax Number: 312-726-4021 Email: _____

Cook County Business Registration Number: NONE
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): NONE

Form of Legal Entity:

Sole Proprietor Partnership Corporation Trustee of Land Trust

Business Trust Estate Association Joint Venture

Other (describe) Non-profit Domestic Corporation

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
NONE		

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Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Linda Schwartz	2424 Greenwood Ct, Glenview, IL 60025	President	Open
Colleen Giltz	501 N Indiana St, Hobart, IN 46342	Secretary	Open

Declaration (check the applicable box):

- [X] I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.
- [X] I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

Linda Schwartz

Name of Authorized Applicant/Holder Representative (please print or type)

Signature

lschwartz@cr-triangle.org
E-mail address

Subscribed to and sworn before me
this 30 day of April, 2015

Susan M. DeKoker
Notary Public Signature

CEO

Title

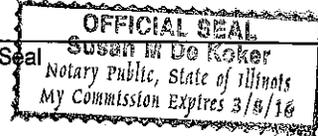
Date

4-30-15
312-726-4011, ext. 5672
Phone Number

My commission expires:

3-8-16

Notary Seal



1553-14559G

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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This Statement is an: [X] Original Statement or [] Amended Statement

Identifying Information:

Name Center for Advancing Domestic Peace, Inc.
D/B/A: FEIN NO/SSN (LAST FOUR DIGITS): 33-1075347
Street Address: 813 S. Western Ave.
City: Chicago State: IL Zip Code: 60612
Phone No.: 312-265-0206 Fax Number: 312-455-0573 Email: mikefeinerm@gmail.com

Cook County Business Registration Number:
(Sole Proprietor, Joint Venture Partnership)
Corporate File Number (if applicable): 6320-809-4

Form of Legal Entity:

- [] Sole Proprietor [] Partnership [x] Corporation [] Trustee of Land Trust
[] Business Trust [] Estate [] Association [] Joint Venture
[] Other (describe)

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
NA		

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For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Christine Call	589 Sudbury Cir., Oswego IL 60543	Co-Executive Director (CEO)	Indefinite
Michael Feinerman	4844 N. Talman #2 Chicago IL 60648	Co-Executive Director (CEO)	Indefinite
Elizabeth Hazzard Hayes	4356 N. Winchester, Chicago IL 60625	Board Chair	July 2014 - July 2016 *
Please see attached list (Page EDS 7A)			* Eligible to be re-elected

Declaration (check the applicable box):

- [x] I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.
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Corporate Officers, Members and Partners Information:

(Continued from Page EDS-7)

Name	Address	Title (specify title of Office, or whether manager partner/joint venture)	Term of Office
Craig Morris	4753 N. Broadway, Suite 1200 Chicago IL 60640	Vice-Chair	July 2014-July 2016*
Kate W. Shank, JD	1742 W. Crystal St., #1 Chicago IL 60622	Secretary	July 2014-July 2016*
Robert W. Mohs	3270 N. Lake Shore Dr., #14A Chicago IL 60657	Treasurer	July 2014-July 2016*

*Eligible for reelection

Michael Feinerman

Name of Authorized Applicant/Holder Representative (please print or type)

Michael Feinerman

Signature

mikefeinerm@gmail.com

E-mail address

Subscribed to and sworn before me
this 1st day of May, 2015.

x *Feliciana Torres*

Notary Public Signature

Co-Executive Director

Title

May 1, 2015

Date

(312) 265-0206

Phone Number

My commission expires: *01/10/16*



Notary Seal

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This Statement is being made by the [X] Applicant or [] Stock/Beneficial Interest Holder

This Statement is an: [X] Original Statement or [] Amended Statement

Identifying Information:

Name Center for Conflict Resolution

D/B/A: FEIN NO/SSN (LAST FOUR DIGITS): 36-2997680

Street Address: 11 E. Adams, Suite 500

City: Chicago State: IL Zip Code: 60603

Phone No.: 312-922-6464 Fax Number: 312-922-6463 Email: clively@ccorchicago.org

Cook County Business Registration Number: N/A (Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): 51602587

Form of Legal Entity:

[] Sole Proprietor [] Partnership [] Corporation [] Trustee of Land Trust

[] Business Trust [] Estate [] Association [] Joint Venture

X Other (describe) Sol(c)3 non-profit organization

Ownership Interest Declaration:

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See attachment			

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Revised Feb 9, 2015



Center for Conflict Resolution

Phone: 312-922-6464 Fax: 312-922-6463

Cassandra Lively: Ext. 29 Email: clively@ccrchicago.org

Carolyn D. Agee: Ext. 28 Email: cagee@ccrchicago.org

2014-2015 BOARD OF DIRECTORS

Name/Title/Firm

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Sedgwick LLP

Jennifer M. Ballard
Hinshaw & Culbertson

Hon. Patricia Banks
Presiding Judge, Elder Law and Miscellaneous Remedies Division
Circuit Court of Cook County

Mark Bergner
Drinker, Biddle & Reath, LLP

Rick Berman
Attorney, CCR Mediator

Jack L. Block
Mediator

Gene Cahill
Grant Thornton LLP

Kathleen Carlson
Sidley Austin LLP

Christa C. Cottrell
Kirkland & Ellis LLP

Hon. Cynthia Y. Cobbs
Circuit Court of Cook County

Ceylan Ayasli Eatherton
Common Interest Mediation LLC

Arthur S. Gold
Gold & Coulson

Revised January 12, 2015

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Director, Human Resources
Abbott Laboratories Company

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Winston & Strawn LLP

Erin E. Kelly
United States Attorney's Office

Leanne Levy
Vice President, Commercial Lending
MB Financial Bank

Jacqueline Stanley Lustig, Esq.

Heidi Oertle
Schiff Hardin LLP

Robert (Rocky) Perkovich
Mediator/Arbitrator

Hon. Jean Prendergast Rooney
Circuit Judge Chancery Division
Circuit Court of Cook County

 Edward D. Shapiro
Much Shelist

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Executive Vice President of Human Resources & General Counsel
Metropolitan Family Services (Chicago)

Paul J. Ochmanek, Jr.
Paul Ochmanek Legal Office

Devlin J. Schoop, Esq.
Laner Muchin Dombrow Becker Levin & Tominberg Ltd.

Cassandra Lively
Name of Authorized Applicant/Holder Representative (please print or type)

Signature

clively@cccchicago.org
E-mail address

Subscribed to and sworn before me
this 4 day of April 2015

X

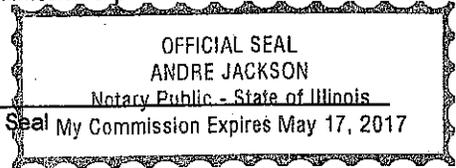
Andre Jackson
Notary Public Signature

Executive Director
Title

5/4/15
Date

312-922-6464 x29
Phone Number

My commission expires:



COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

The Cook County Code of Ordinances (§2-610 *et seq.*) requires that any Applicant for any County Action must disclose information concerning ownership interests in the Applicant. This Disclosure of Ownership Interest Statement must be completed with all information current as of the date this Statement is signed. Furthermore, this Statement must be kept current, by filing an amended Statement, until such time as the County Board or County Agency shall take action on the application. The information contained in this Statement will be maintained in a database and made available for public viewing.

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"County Action" means any action by a County Agency, a County Department, or the County Board regarding an ordinance or ordinance amendment, a County Board approval, or other County agency approval, with respect to contracts, leases, or sale or purchase of real estate.

"Person" "Entity" or "Legal Entity" means a sole proprietorship, corporation, partnership, association, business trust, estate, two or more persons having a joint or common interest, trustee of a land trust, other commercial or legal entity or any beneficiary or beneficiaries thereof.

This Disclosure of Ownership Interest Statement must be submitted by :

1. An Applicant for County Action and
2. A Person that holds stock or a beneficial interest in the Applicant and is listed on the Applicant's Statement (a "Holder") must file a Statement and complete #1 only under **Ownership Interest Declaration**.

Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This Statement is being made by the Applicant or Stock/Beneficial Interest Holder

This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name TASC, Inc

D/B/A: _____ FEIN NO/SSN (LAST FOUR DIGITS): 36-2870923

Street Address: 700 S Clinton St.

City: Chicago State: IL Zip Code: 60607

Phone No.: 312-787-0208 Fax Number: _____ Email: rfesmire@tasc-il.org

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): _____

Form of Legal Entity:

Sole Proprietor Partnership Corporation Trustee of Land Trust
501(c)(3)

Business Trust Estate Association Joint Venture

Other (describe) _____

1530-14317

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This Statement is being made by the Applicant or Stock/Beneficial Interest Holder

This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name NSN Employer Services, Inc.

D/B/A: _____ FEIN/NO/SSN (LAST FOUR DIGITS): 36-3226391

Street Address: 118 S. Clinton, Suite 450

City: Chicago State: IL Zip Code: 60661

Phone No.: 312-993-9580 Fax Number: 312-993-9581 Email: bweinstein@nsnes.com

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): _____

Form of Legal Entity:

Sole Proprietor Partnership Corporation Trustee of Land Trust

Business Trust Estate Association Joint Venture

Other (describe) _____

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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- 1. An Applicant for County Action and
2. A Person that holds stock or a beneficial interest in the Applicant and is listed on the Applicant's Statement (a "Holder") must file a Statement and complete #1 only under Ownership Interest Declaration.

Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This Statement is being made by the [X] Applicant or [] Stock/Beneficial Interest Holder

This Statement is an: [X] Original Statement or [] Amended Statement

Identifying Information:

Name The Salvation Army kroc Center

D/B/A: FEIN NO/SSN (LAST FOUR DIGITS): 7909

Street Address: 1250 W. 119th St.

City: Chicago State: ILL. Zip Code: 60643

Phone No.: 773-995-0151 Fax Number: 773-995-0161 Email: david-harvey@usc.salvationarmy.org

Cook County Business Registration Number: (Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable):

Form of Legal Entity:

- [] Sole Proprietor [] Partnership [X] Corporation [] Trustee of Land Trust
[] Business Trust [] Estate [] Association [] Joint Venture

[X] Other (describe) Community Center owned by Salvation Army

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
NONE		

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address
NONE		

3. Is the Applicant constructively controlled by another person or Legal Entity? Yes No
If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship
The Salvation Army	10 W. Algonquin, Des Plaines ILLINOIS 60016	100%	Corporate Office

Corporate Officers, Members and Partners Information:

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
SEE ATTACHED.			

Declaration (check the applicable box):

- I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.
- I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

MAJOR David Harvey
Name of Authorized Applicant/Holder Representative (please print or type)

[Signature]
Signature

david.harvey@usc.salvationarmy.org
E-mail address

Senior Troop Officer
Title

August 5, 2015
Date

773-995-0151
Phone Number

Subscribed to and sworn before me
this 5 day of Aug, 2015

My commission expires:

x [Signature]
Notary Public Signature

Notary Seal



Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
Bonita Weinstein	165 N. Canal #612, Chicago, IL 60606	100%

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address

3. Is the Applicant constructively controlled by another person or Legal Entity? Yes No
 If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship

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Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Bonita Weinstein	165 N. Canal, Chicago, IL 60606	President	35 years

Declaration (check the applicable box):

- I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.
- I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

Bonita Weinstein
Name of Authorized Applicant/Holder Representative (please print or type)

Bonita Weinstein
Signature

bweinstein@nsnes.com
E-mail address

Subscribed to and sworn before me
this 20 day of April, 2015

X *Emily Mensing*
Notary Public Signature

President
Title

4/20/2015
Date

312-993-9580
Phone Number

My commission expires: 5-15-2018



1553-
1456 B

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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This Statement is being made by the Applicant or Stock/Beneficial Interest Holder

This Statement is an: Original Statement or Amended Statement

Identifying information:

Name: PHALANX FAMILY SERVICES
 D/B/A: _____ FEIN NO/SSN (LAST FOUR DIGITS): 8891
 Street Address: 1201 W. 115th St.
 City: Chicago State: IL Zip Code: 60643
 Phone No.: 223-291-1086 Fax Number: 223-264-0281 Email: TSANDERS@PHALANXGRP SERVICES.ORG

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): _____

Form of Legal Entity:

- Sole Proprietor Partnership Corporation Trustee of Land Trust
- Business Trust Estate Association Joint Venture
- Other (describe) NOT-FOR-PROFIT

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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This Statement is being made by the Applicant or Stock/Beneficial Interest Holder

This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name James B. Moran Center For Youth Advocacy

D/B/A: _____ FEIN NO/SSN (LAST FOUR DIGITS): 0725

Street Address: 1123 Emerson Suite 203

City: Evanston State: IL Zip Code: 60201

Phone No.: 847-492-1410 Fax Number: 847-859-5836 Email: KLyouse Moran-center.org

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): _____

Form of Legal Entity:

Sole Proprietor Partnership Corporation Trustee of Land Trust

Business Trust Estate Association Joint Venture

Other (describe) 501c3 Non-Profit

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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This Statement is being made by the Applicant or Stock/Beneficial Interest Holder

This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name New Life Centers of Chicagoland, NFP

D/B/A: _____ FEIN NO/SSN (LAST FOUR DIGITS): 20-2380358

Street Address: 4101 W. 51st St.

City: Chicago State: IL Zip Code: 60632

Phone No.: 773-838-9470 Fax Number: 773-681-7061 Email: mattd@newlifecenters.org

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): _____

Form of Legal Entity:

Sole Proprietor Partnership Non-profit Corporation Trustee of Land Trust

Business Trust Estate Association Joint Venture

Other (describe) _____

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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This Statement is being made by the [X] Applicant or [] Stock/Beneficial Interest Holder

This Statement is an: [X] Original Statement or [] Amended Statement

Identifying Information:

Name Anthony Wright

D/B/A: 08-08-72 FEIN NO/SSN (LAST FOUR DIGITS): 9045

Street Address: 7427 South Chicago Ave

City: Chicago State: IL Zip Code: 60619

Phone No. (773) 407-6152 Fax Number: Email: Anthony.Wright@edc.com

Cook County Business Registration Number: (Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): 364120946

Form of Legal Entity:

[] Sole Proprietor [] Partnership [X] Corporation [] Trustee of Land Trust

[] Business Trust [] Estate [] Association [] Joint Venture

[X] Other (describe) Church

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
N/A		

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address
N/A		

3. Is the Applicant constructively controlled by another person or Legal Entity? Yes No
 If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship
N/A			

Corporate Officers, Members and Partners Information:

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Anthony Lewis	4324 Carmel Hammond IN 46327	Board President	two years
Josie Scott	563 exchange Columet City IN 46609	Board Secretary	two year
Freda Richmond	7638 Santa ave Chicago IL 60619	Board member	two years

Declaration (check the applicable box):

- I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.
- I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

Anthony Wraith
Name of Authorized Applicant/Holder Representative (please print or type)

[Signature]
Signature

E-mail address

Subscribed to and sworn before me
this 5th day of August, 2015.

X _____
Notary Public Signature

PASTOR
Title

08-05-2015
Date

773 407-6152
Phone Number

My commission expires: July 09, 2018



COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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This Statement is being made by the Applicant or Stock/Beneficial Interest Holder

This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name Allianza Leadership Institute

D/B/A: Alliance of the Southeast (ASE) FEIN NO/SSN (LAST FOUR DIGITS): 6466

Street Address: 9204 S. Commercial Ave, Ste 301

City: Chicago State: IL Zip Code: 60617

Phone No.: 773-221-8908 Fax Number: N/A Email: avalio@asechicago.org

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): 61989331

Form of Legal Entity:

Sole Proprietor Partnership Corporation Trustee of Land Trust

Business Trust Estate Association Joint Venture

Other (describe) _____

1553-14560 G
Dr. Pedro Albizu Campos
Puerto Rican H.S.

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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This Statement is being made by the Applicant or Stock/Beneficial Interest Holder

This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name Dr. Pedro Albizu Campos Puerto Rican High School
D/B/A: N/A FEIN NO/SSN (LAST FOUR DIGITS): 36-2754514
Street Address: 2739 W. Division
City: Chicago State: IL Zip Code: 60622
Phone No.: 773-342-8022 Fax Number: 773-342-6609 Email: _____

Cook County Business Registration Number: N/A
(Sole Proprietor, Joint Venture Partnership)
Corporate File Number (if applicable): N/A

Form of Legal Entity:

- Sole Proprietor Partnership Corporation Trustee of Land Trust
 Business Trust Estate Association Joint Venture
 Other (describe) 501 (C)(3)

1553-14560
St. Joseph Services

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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2. A Person that holds stock or a beneficial interest in the Applicant and is listed on the Applicant's Statement (a "Holder") must file a Statement and complete #1 only under **Ownership Interest Declaration**.

Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This Statement is being made by the Applicant or Stock/Beneficial Interest Holder

This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name St. Joseph Services

D/B/A: _____ FEIN NO/SSN (LAST FOUR DIGITS): 35-2163901

Street Address: 1501 N. Oakley Blvd.

City: Chicago State: IL Zip Code: 60622

Phone No.: 773-278-0484 Fax Number: 773-278-0192 Email: lsullivan@stjosephservices.org

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): 6208-530-4

Form of Legal Entity:

Sole Proprietor Partnership Corporation Trustee of Land Trust

Business Trust Estate Association Joint Venture

Other (describe) 501 (c) (3)

1550-146 25

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

The Cook County Code of Ordinances (§2-610 *et seq.*) requires that any Applicant for any County Action must disclose information concerning ownership interests in the Applicant. This Disclosure of Ownership Interest Statement must be completed with all information current as of the date this Statement is signed. Furthermore, this Statement must be kept current, by filing an amended Statement, until such time as the County Board or County Agency shall take action on the application. The information contained in this Statement will be maintained in a database and made available for public viewing.

If you are asked to list names, but there are no applicable names to list, you must state NONE. An incomplete Statement will be returned and any action regarding this contract will be delayed. A failure to fully comply with the ordinance may result in the action taken by the County Board or County Agency being voided.

"Applicant" means any Entity or person making an application to the County for any County Action.

"County Action" means any action by a County Agency, a County Department, or the County Board regarding an ordinance or ordinance amendment, a County Board approval, or other County agency approval, with respect to contracts, leases, or sale or purchase of real estate.

"Person" "Entity" or "Legal Entity" means a sole proprietorship, corporation, partnership, association, business trust, estate, two or more persons having a joint or common interest, trustee of a land trust, other commercial or legal entity or any beneficiary or beneficiaries thereof.

This Disclosure of Ownership Interest Statement must be submitted by :

1. An Applicant for County Action and
2. A Person that holds stock or a beneficial interest in the Applicant and is listed on the Applicant's Statement (a "Holder") must file a Statement and complete #1 only under **Ownership Interest Declaration**.

Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This Statement is being made by the Applicant or Stock/Beneficial Interest Holder

This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name (ARRY) ROESCH CHRYSLER JEEP DODGE RAM LLC

D/B/A: _____ FEIN NO/SSN (LAST FOUR DIGITS): 36-2443031

Street Address: 200 W. GRAND AVE

City: ELMWOOD State: IL Zip Code: 60126

Phone No.: 630-834-8000 Fax Number: _____ Email: mike.hines@roeschtrucks.com

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): 024 071 03

Form of Legal Entity:

Sole Proprietor Partnership Corporation Trustee of Land Trust

Business Trust Estate Association Joint Venture

Other (describe) _____

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
DAN ROESCH		80%
PAUL KOCH		20%

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address
	N/A	

3. Is the Applicant constructively controlled by another person or Legal Entity? Yes No
If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship
			N/A

Corporate Officers, Members and Partners Information:

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
DAN ROESCH		MANAGER	
PAUL KOCH		MEMBER	

Declaration (check the applicable box):

- I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.
- I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

DAN ROESCH
Name of Authorized Applicant/Holder Representative (please print or type)

Dan Roesch
Signature

mikenilmes @ roeschtrucks.com
E-mail address

Subscribed to and sworn before me
this 15th day of June, 20 15

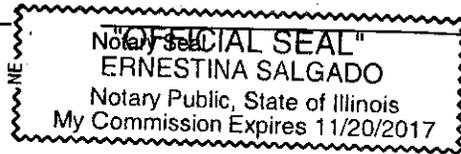
x Ernestina Salgado
Notary Public Signature

PRESIDENT
Title

6/15/15
Date

630-279-6000
Phone Number

My commission expires: 11/20/17



COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

The Cook County Code of Ordinances (§2-610 *et seq.*) requires that any Applicant for any County Action must disclose information concerning ownership interests in the Applicant. This Disclosure of Ownership Interest Statement must be completed with all information current as of the date this Statement is signed. Furthermore, this Statement must be kept current, by filing an amended Statement, until such time as the County Board or County Agency shall take action on the application. The information contained in this Statement will be maintained in a database and made available for public viewing.

If you are asked to list names, but there are no applicable names to list, you must state NONE. An incomplete Statement will be returned and any action regarding this contract will be delayed. A failure to fully comply with the ordinance may result in the action taken by the County Board or County Agency being voided.

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"Person" "Entity" or "Legal Entity" means a sole proprietorship, corporation, partnership, association, business trust, estate, two or more persons having a joint or common interest, trustee of a land trust, other commercial or legal entity or any beneficiary or beneficiaries thereof.

This Disclosure of Ownership Interest Statement must be submitted by :

1. An Applicant for County Action and
2. A Person that holds stock or a beneficial interest in the Applicant and is listed on the Applicant's Statement (a "Holder") must file a Statement and complete #1 only under **Ownership Interest Declaration**.

Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This Statement is being made by the Applicant or Stock/Beneficial Interest Holder

This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name Rodney J. Golden
D/B/A: Cannon Cochran Management FEIN NO/SSN (LAST FOUR DIGITS): 37-1057804
Street Address: 2 E Main St services, Inc.
City: Danville State: IL Zip Code: 61832
Phone No.: 217-446-1089 Fax Number: 217-443-0927 Email: rgolden@ccmsi.com

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): _____

Form of Legal Entity:

Sole Proprietor Partnership Corporation Trustee of Land Trust

Business Trust Estate Association Joint Venture

Other (describe) _____

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
Sheldon Brechtel	4621 W. Napoleon Ave. Metairie, LA 70001	6.87%

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address

3. Is the Applicant constructively controlled by another person or Legal Entity? Yes No
 If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship

Corporate Officers, Members and Partners Information:

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
G. Bryan Thomas	2 E. Main St., Danville, IL 61832		CEO
John Kluth	2 E. Main St., Danville, IL 61832		CFO
Skip Brechtel	4621 W. Napoleon Ave., Metairie, LA 70001		CTO

Declaration (check the applicable box):

- I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.
- I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

Rodney J. Golden
Name of Authorized Applicant/Holder Representative (please print or type)
Rodney J. Golden
Signature
rgolden@ccmsi.com
E-mail address

Chief Operating Officer
Title
04/27/15
Date
217-446-1089
Phone Number

Subscribed to and sworn before me
this 28th day of April, 2015
Lori A. Anderson
Notary Public Signature

My commission expires: 4/18/18
Notary Seal
