

**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. **County reserves the right to request additional information to verify veracity of information contained in this statement.**

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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 Core Mechanical, LLC

D/B/A: \_\_\_\_\_ FEIN # Only: 26-2581588

Street Address: 4632 W. Lawrence Avenue

City: Chicago State: IL Zip Code: 60630

Phone No.: 773-267-6300 Fax Number: 773-267-6333 Email: chrissy@coremechanicalinc.com

Cook County Business Registration Number: 15217049  
(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
Core MechanAir Holdings, LLC		72.7 %
Lisa J. Sheehy Revocable Trust U/A/D October 18, 2023		27.3%

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
Mark Newsome		Managing Member	Indefinite

**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.

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

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

Christy Maijas  
Signature

Christy@coremechanicalinc.com  
E-mail address

VP of operations  
Title

2/26/25  
Date

773-267-6300  
Phone Number

Subscribed to and sworn before me  
this 26 day of February 2025.

My commission expires: 7/28/25

X [Signature]  
Notary Public Signature

\_\_\_\_\_  
Notary Seal



**COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT**

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**Identifying Information:**

Name Core MechanAir Holdings, LLC

D/B/A: Core Mechanical, LLC FEIN # Only: 26-2581588

Street Address: 4632 W Lawrence Ave

City: Chicago State: IL Zip Code: 60630

Phone No.: 773-267-6300 Fax Number: N/A Email: chrissy@coremechanicalinc.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:**

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Name	Address	Percentage Interest in Applicant/Holder
N/A - no individual person has ownership interest > 5%.		

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

**Corporate Officers, Members and Partners Information:**

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Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Mark Newsome	4632 W Lawrence Ave., Chicago IL 60630	Manager	N/A
Elias Carrillo	4632 W Lawrence Ave., Chicago IL 60630	Manager	N/A

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COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Mark Newsome

CEO

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

Title

*Mark Newsome*

3/3/2025

Signature

Date

mnewsome@mechanair.com

770-807-4714

E-mail address

Phone Number

Subscribed to and sworn before me  
this 3<sup>rd</sup> day of March, 2025

My commission expires: 7/28/25

X

*Steven C Franz*

Notary Public Signature

Notary Seal



COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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

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

Identifying Information:

Name Lisa J. Sheehy Revocable Trust U/A/D October 18, 2023

D/B/A: FEIN # Only: 332-68-7827

Street Address: [Redacted]

City: Chicago State: IL Zip Code: 60613

Phone No.: 312-919-2188 Fax Number: Email: Sheehychicago@aol.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
[X] 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
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

**Corporate Officers, Members and Partners Information:**

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Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Lisa Sheehy		Trustee	N/A
	Chicago, IL 60613		

**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.

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

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

Lisa Sheehy  
 Signature

Sheehy.chicago@aol.com  
 E-mail address

Trustee  
 Title

3-20-25  
 Date

312-919-2188  
 Phone Number

Subscribed to and sworn before me  
 this 20th day of March, 2025

My commission expires: 7/28/25

x [Signature]  
 Notary Public Signature



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This Statement is an:  Original Statement or  Amended Statement

**Identifying Information:**

Name Public Policy Associates, LLC

D/B/A: \_\_\_\_\_ FEIN # Only: 88-2431730

Street Address: 119 Pere Marquette, Ste 1C

City: Lansing State: MI Zip Code: 48912

Phone No.: 517-485-4477 Fax Number: 517-485-4488 Email: tgardner@publicpolicy.com

Cook County Business Registration Number: TO BE OBTAINED IF AWARDED THE CONTRACT  
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): \_\_\_\_\_

**Form of Legal Entity:**

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Other (describe) Limited Liability 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
Robert D Fowler	119 Pere Marquette, Lansing MI 48912	73%
Terry H Gardner	119 Pere Marquette, Lansing, MI 48912	25%

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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
Robert D Fowler	119 Pere Marquette, Lansing, MI 48912	CEO	n/a
Terry H Gardner	119 Pere Marquette, Lansing MI 48912	CFO	n/a
Colleen Graber	119 Pere Marquette, Lansing MI 48912	COO	n/a
DAN QUINN	119 Pere Marquette, Lansing MI 48912	CSO	N/A

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COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Terry H Gardner

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

*[Handwritten Signature]*

Signature

tgardner@publicpolicy.com

E-mail address

CFO

Title

10-9-2024

Date

248-877-0001

Phone Number

Subscribed to and sworn before me  
this 9th day of October, 2024

My commission expires: November 29, 2029

X

Notary Public Signature

*[Handwritten Signature]*

Notary Seal

JENNIFER L. O'NEAL  
NOTARY PUBLIC - STATE OF MICHIGAN  
COUNTY OF INGHAM  
My Commission Expires November 29, 2029  
Acting in the County of Ingham

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**Identifying Information:**

Name Public Policy Associates, LLC

D/B/A: \_\_\_\_\_ FEIN # Only: 88-2431730

Street Address: 119 Pere Marquette Ste 1C

City: Lansing State: Michigan Zip Code: 48912

Phone No.: 517-485-4477 Fax Number: 517-485-4488 Email: rfowler@publicpolicy.com

Cook County Business Registration Number: to be obtained if awarded the contract  
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): \_\_\_\_\_

**Form of Legal Entity:**

Sole Proprietor  Partnership  Corporation  Trustee of Land Trust

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Robert D Fowler	119 Pere Marquette, Lansing MI 48912	73%

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3. Is the Applicant constructively controlled by another person or Legal Entity? [  ] Yes [  ] No  
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COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Robert D Fowler  
Name of Authorized Applicant/Holder Representative (please print or type)  
Robert D Fowler  
Signature  
rfowler@publicpolicy.com  
E-mail address

CEO  
Title  
10/09/2024  
Date  
517-242-5180  
Phone Number

Subscribed to and sworn before me  
this 9th day of October, 2024

My commission expires: November 29, 2029

X Jennifer L. O'Neal  
Notary Public Signature

Notary Seal

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COUNTY OF INGHAM  
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Acting in the County of Ingham

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Terry H Gardner	119 Pere Marquette, Lansing, MI 48912	25%

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Terry H Gardner  
Name of Authorized Applicant/Holder Representative (please print or type)  
*[Signature]*  
Signature  
tgardner@publicpolicy.com  
E-mail address

CFO  
Title  
October 9, 2024  
Date  
248-877-0001  
Phone Number

Subscribed to and sworn before me  
this 9th day of October 2024

My commission expires: November 29, 2029

X *[Signature]*  
Notary Public Signature

Notary Seal

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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 WestCare Illinois, Inc.

D/B/A: \_\_\_\_\_ FEIN # Only: 27-3984627

Street Address: 1100 Cermak Rd. Ste B414

City: Chicago State: IL Zip Code: 60608

Phone No.: 312-568-7021 Fax Number: 312-243-4017 Email: carlos.rodriquez@westcare.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) 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
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
Thomas (Tom) J. Walsh, II	[REDACTED]	Chair	2024-2025
Richard (Dick) E. Steinberg -	[REDACTED]	President	2024-2025
Ken Ortals -	[REDACTED]	Treasurer/Secretary	2024-2025

**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.

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Savannah Jones

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

Signature

savannahjones.grants@westcare.com

E-mail address

Chief Administrative Officer

Title

November 12, 2024

Date

702-385-2090

Phone Number

Subscribed to and sworn before me  
this 12 day of Nov, 2024.

My commission expires:



X

*[Handwritten Signature]*

Notary Public Signature

Notary Seal

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: Altorfer Industries, Inc.

D/B/A: FEIN # Only: 36-1604820

Street Address: 301 S. Mitchell Ct.

City: Addison State: IL Zip Code: 60101

Phone No.: 630-489-0900 Fax Number: Email: corey.nuehring@altorfer.com

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

Corporate File Number (if applicable): 1407-799-5

Form of Legal Entity:

- [ ] Sole Proprietor [ ] Partnership [X] Corporation [ ] Trustee of Land Trust
[ ] Business Trust [ ] Estate [ ] Association [ ] Joint Venture [ ] LLC
[ ] 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	Email Address
Derek Altorfer	[REDACTED]	100	derek.altorfer@altorfer.com

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
Derek Altorfer	[REDACTED]	President & Secretary	Since 2018
Corey Nuehring	[REDACTED]	VP, Treas. & Asst. Secretary	Since 2018

**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.

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Derek Altorfer

President

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

Title

*Derek Altorfer*

01/28/2025

Signature

Date

derek.altorfer@altorfer.com

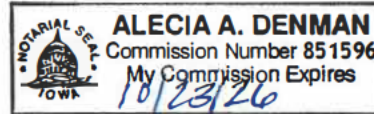
630-489-0900

E-mail address

Phone Number

Subscribed to and sworn before me  
this 28th day of Jan, 2025

My commission expires:



X *Alecia A. Denman*

Notary Public Signature

Notary Seal

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This Statement is an:  Original Statement or  Amended Statement

**Identifying Information:**

Name Dacra Adjudication Systems, LLC

D/B/A: Dacra Tech, LLC FEIN # Only: 83-4576455

Street Address: 450 E Devon, Suite 100

City: Itasca State: IL Zip Code: 60143

Phone No.: 847-490-8440 Fax Number: \_\_\_\_\_ Email: david.braner@dacratech.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) Limited Liability 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
Ted Meyers.	[REDACTED]	51.03%
Jasper Sanfilippo	[REDACTED]	17.77%
David Braner	[REDACTED]	7.17%

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
David E. Braner	[REDACTED]	CEO	Ongoing
Glenn M. Theriault	[REDACTED]	Chief Business Development Officer	Ongoing

For full member list see the attached "Member List :Dacra Adjudication Systems LLC, DBA Dacra Tech, LLC"

**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.

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

David E. Braner

Name of Authorized Agent or Holder Representative (please print or type)

Signature

Dave.Braner@Dacratech.com

E-mail address

Chief Executive Officer

Title

4/15/2025

Date

630-508-4032

Phone Number

Subscribed to and sworn before me  
this 15 day of April 2025

My commission expires: April 10, 2028

x Marie Therese Glasby  
Notary Public Signature

