

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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"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 Bob Barker Company, Inc.

D/B/A: _____ FEIN # Only: 56-1558062

Street Address: 7925 Purfoy Rd.

City: Fuquay-Varina State: NC Zip Code: 27526

Phone No.: 800-334-9880 Fax Number: 800-322-7537 Email: bidnotices@bobbarker.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) _____

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 J. Barker, Jr.	7925 Purfoy Rd., Fuquay-Varina, NC 27526	40%
Nancy Barker Johns	7925 Purfoy Rd., Fuquay-Varina, NC 27526	17.38%
Robert Barker Family Trust	7925 Purfoy Rd., Fuquay-Varina, NC 27526	24%
Nancy Barker Johns Family Trust	7925 Purfoy Rd., Fuquay-Varina, NC 27526	6%

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
Robert J. Barker, Jr.	7925 Purfoy Rd., Fuquay-Varina, NC 27526	CEO	2005-President/ 2022 CEO
Nancy Johns	7925 Purfoy Rd., Fuquay-Varina, NC 27526	COO	1999 / 2022-COO
Angela D. DeBoeser	7925 Purfoy Rd., Fuquay-Varina, NC 27526	Corporate Secretary	2016 / 2023-Corp. 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.
- ☒ I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

CONTRACT #:

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Robert J. Barker, Jr.

CEO

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

Title

Robert J. Barker, Jr.

Digitally signed by Robert J. Barker, Jr.
Date: 2025.06.26 15:48:47 -04'00'

6/26/2025

Signature

Date

bidnotices@bobbarker.com

800-334-9880

E-mail address

Phone Number

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

My commission expires

X **Angela D. DeBoeser**

Digitally signed by Angela D. DeBoeser
Date: 2025.06.26 15:54:10 -04'00'

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 ☒ Stock/Beneficial Interest Holder

This Statement is an: ☒ Original Statement or ☐ Amended Statement

Identifying Information:

Name Nancy Barker Johns Family Trust

D/B/A: _____ FEIN # Only: _____

Street Address: 7925 Purby Rd.

City: Fuquay-Varina State: NC

Zip Code: 27526

Phone No.: 800-334-9880 Fax Number: 800-322-7537

Email: bidnotices@bobbarker.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) IDGT Generation-Skipping Trust

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
Nancy Barker Johns	7925 Purfoy Rd, Fuquay-Varina NC	100% - for tax purposes Family Trust has 16% interest in applicant Nancy holds 100% of family trust

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.

CONTRACT #:

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Nancy Barker Johns

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

COO - Bob Barker Company, Inc.

Title

5/5/2025

Date

800-334-9880

Phone Number

bidnotices @ bobbarker.com

E-mail address

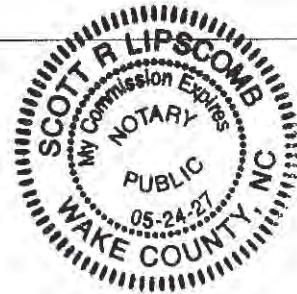
Subscribed to and sworn before me
this 5th day of May, 2025

My commission expires: 5/24/27

X Scott R. Lipscomb

Notary Public Signature

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 Robert J. Barker Family Trust

D/B/A: _____

FEIN # Only: 56-1558062

Street Address: 7925 Purfoy Rd.

City: Euquay-Varina

State: NC

Zip Code: 27526

Phone No.: 800-334-9880

Fax Number: 800-322-7537

Email: bidnotices@bobbarker.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) SDGT Generation Skipping Trust

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 J. Barker, Jr.	7925 Purby Rd. Fuquay Varina NC 27326	32% in applicant
		Robert's interest in the family trust is 100% for tax purposes. Trust owns assets for benefit of Robert's grandchildren.

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:

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

Declaration (check the applicable box):

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COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Robert J. Barker, Jr.
Name of Authorized Applicant/Holder Representative (please print or type)

Robert J. Barker Jr.
Signature

bidnotices @ bobbarker.com
E-mail address

Subscribed to and sworn before me
this 29th day of April, 2025

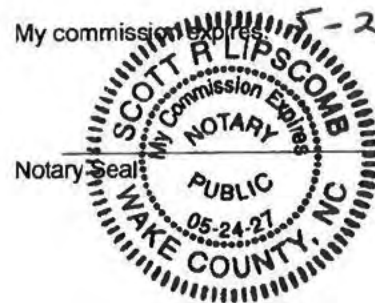
X Scott R. Lipscomb
Notary Public Signature

CEO
Title

4/29/25
Date

800-334-9880
Phone Number

My commission expires 5-24-27



Notary Seal

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This Statement is an: ☒ Original Statement or ☐ Amended Statement

Identifying Information:

Name Ace Auto Body Inc.

D/B/A: Forrest Auto Body

FEIN # Only: 26-1512962

Street Address: 950 Villa Street

City: Elgin

State: IL

Zip Code: 60120

Phone No.: 847.695.6644

Fax Number: 847.695.6689

Email: forrestauto@gmail.com

Cook County Business Registration Number: Not a sole proprietor nor joint venture
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): 66355837

Form of Legal Entity:

- ☐ Sole Proprietor ☐ Partnership ☒ 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
Barbie Ray	1989 W. Alder Dr., Hoffman Estates IL, 60192	50%	forrestauto@gmail.com
Michael Ray	1989 W. Alder Dr., Hoffman Estates IL, 60192	50%	forrestauto@gmail.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	N/A	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	N/A	N/A	N/A

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
Michael Ray	1989 W. Alder Dr., Hoffman Estates IL, 60192	Owner/President	N/A
Barbie Ray	1989 W. Alder Dr., Hoffman Estates IL, 60192	Owner/Secretary	N/A
Tyler Ray	1989 W. Alder Dr., Hoffman Estates IL, 60192	C.O.O.	N/A

Declaration (check the applicable box):

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COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Tyler Ray

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

[Signature]

Signature

forrestauto@gmail.com

E-mail address

C.O.O.

Title

March 12th, 2025

Date

224.402.5147

Phone Number My

Subscribed to and sworn before me this
12 day of _March_, 2025_.

commission expires

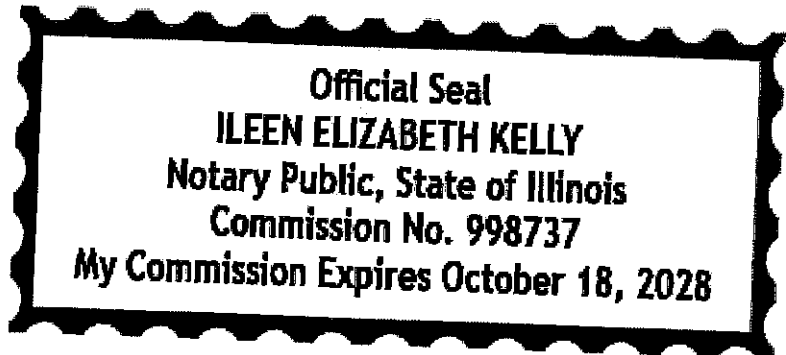
October 18, 2028

Ileen Elizabeth Kelly

X

Notary Public Signature

Notary Seal



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Identifying Information:

Name K-Five Construction Corp.

D/B/A: _____ FEIN # Only: 36-2915545

Street Address: 999 Oakmont Plaza Drive, Suite 200

City: Westmont State: IL Zip Code: 60559

Phone No.: 630-257-5600 Fax Number: 630-257-6788 Email: estimating@k-five.net

Cook County Business Registration Number: 012650
(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
Robert G. Krug	999 Oakmont Plaza Drive, Ste. 200, Westmont, IL 60559	75%
Jennifer Krug McNaughton	999 Oakmont Plaza Drive, Ste. 200, Westmont, IL 60559	25%

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
K-Fam Limited Liability Company	999 Oakmont Plaza Drive, Ste. 200, Westmont, IL 60559		Parent Corp.

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
Robert G. Krug	999 Oakmont Plaza Drive, Ste. 200, Westmont, IL 60559		President
Jennifer Krug-McNaughton	999 Oakmont Plaza Drive, Ste. 200, Westmont, IL 60559		V.P.
Robert W. Krug	999 Oakmont Plaza Drive, Ste. 200, Westmont, IL 60559		Secretary
Josephine Krug	999 Oakmont Plaza Drive, Ste. 200, Westmont, IL 60559		Treasurer

Declaration (check the applicable box):

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COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Robert G. Krug

President

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

Date

Signature

estimating@k-five.net

E-mail address

Phone Number

Subscribed to and sworn before me
this 14 day of May, 2025

My commission expires:

X

Notary Public Signature

Notary Seal

10-7-2028



COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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This Statement is an: ☐ Original Statement or ☐ Amended Statement

Identifying Information:

Name Lorig Construction Company

D/B/A: _____ FEIN # Only: 36-3518806

Street Address: 250 E. Touhy Ave.

City: Des Plaines State: Illinois Zip Code: 60018

Phone No.: 847-298-0360 Fax Number: 847-298-2689 Email: dlorig@lorigconstruction.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 SIGNATURE PAGE

David H. Lorig

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

Signature

dlorig@lorigconstruction.com

E-mail address

President

Title

May 28, 2025

Date

847-298-0360

Phone Number

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

X

Tina M. Mistretta
Notary Public Signature

My commission expires



Notary Seal

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.

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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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 Galls, LLC

D/B/A: _____ FEIN # Only: 20-3545989

Street Address: 1340 Russell Cave Road

City: Lexington State: KY Zip Code: 40505

Phone No.: 844-464-2557 Fax Number: _____ Email: bidreview@galls.com

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

Corporate File Number (if applicable): 01812637

Form of Legal Entity:

☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Trustee of Land Trust

☐ Business Trust ☐ Estate ☐ Association ☐ Joint Venture ☐ LLC

☒ Other (describe) LLC

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
Galls Intermediate Holdings, LLC	1340 Russell Cave Road Lexington, KY 40505	100%	bidreview@galls.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
Galls Parent Holdings	1340 Russell Cave Road Lexington, KY 40505	100%	Owner

Corporate Officers, Members and Partners Information:

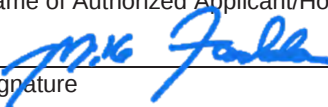
For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Mike Fadden	1340 Russell Cave Road Lexington, KY 40505	CEO	Current
Dustin McDulin	1340 Russell Cave Road Lexington, KY 40505	CEO	Current
Chris Williamson	1340 Russell Cave Road Lexington, KY 40505	COO	Current
Kathy Gillis	1340 Russell Cave Road Lexington, KY 40505	CHRO	Current
Gwen Bates	1340 Russell Cave Road Lexington, KY 40505	Legal Counsel & Asst. Sec.	Current

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

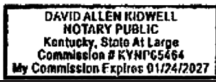
Mike Fadden
Name of Authorized Applicant/Holder Representative (please print or type)

Signature
bidreview@galls.com
E-mail address

CEO
Title
05/29/2025
Date
844-464-2557
Phone Number

Subscribed to and sworn before me
this 29th day of May, 20 5.

My commission expires:

X 
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 ☒ Stock/Beneficial Interest Holder

This Statement is an: ☒ Original Statement or ☐ Amended Statement

Identifying Information:

Name Galls Intermediate Holding, LLC

D/B/A: _____ FEIN # Only: 45-3370497

Street Address: 1340 Russell Cave Road

City: Lexington State: KY Zip Code: 40505

Phone No.: 844-464-2557 Fax Number: 859-268-5971 Email: bidreview@galls.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) LLC

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
Galls Parent Holdings, LLC	1340 Russell Cave Road Lexington, KY 40505	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

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
Galls Parent Holdings, LLC	1340 Russell Cave Road Lexington, KY 40505	Member	Current

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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COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Mike Fadden

CEO

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

Title

Signature

06/13/2025

Date

bidreview@galls.com

844-464-2557

Phone Number

E-mail address

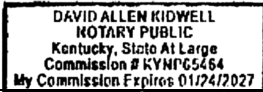
Subscribed to and sworn before me
this 13 day of June, 2025.

My commission expires:

X

David Allen Kidwell

Notary Public Signature



Notary Seal

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This Statement is an: ☐ Original Statement or ☐ Amended Statement

Identifying Information:

Name The Firehouse Community Arts Center of Chicago

D/B/A: _____ FEIN # Only: 861173412

Street Address: 2111 S Hamlin Ave

City: Chicago State: IL Zip Code: 60623

Phone No.: _____ Fax Number: _____ 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 ☐ LLC
☐ Other (describe) _____

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COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Philip Jackson

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

Philip Jackson

Signature

pastorphil@thefcac.org

E-mail address

Subscribed to and sworn before me
this 9 day of July, 2025

X *[Signature]*
Notary Public Signature

CEO

Title

July 9, 2025

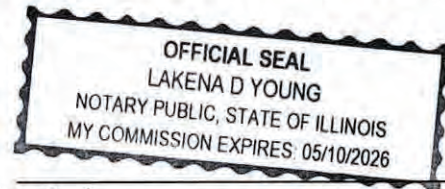
Date

773-398-6764

Phone Number

My commission expires:

5/10/26



Notary Seal

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Identifying Information:

Name _____

D/B/A: BLACK DOG FOODS, LLC FEIN # Only: 82-173 7369

Street Address: 4226 Lawndale Ave

City: Lyons State: IL Zip Code: 60534

Phone No.: 708-562-4400 Fax Number: 773-303-8833 Email: shajia@blackdogfoods.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 ☐ LLC
☒ Other (describe) LLC

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Name	Address	Percentage Interest in Applicant/Holder	Email Address
AMIT Gauri	4226 Lawndale Ave, Lyons, IL, 60534	100%	amit@blackdogcorp.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

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Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
AMIT Gauri	4226 Lawndale Ave, Lyons, IL - 60534	Manager	2017-Present

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COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

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

Al P.
Signature

amit@blackdogcorp.com
E-mail address

Subscribed to and sworn before me
this 3 day of June 2025

x Annemarie Culen
Notary Public Signature

Manager
Title

6/3/25.
Date

708-562-4400
Phone Number

My commission expires:
August 13, 2027

Notary Seal

