



## **Basic Information**

Name: KARI FLECK GUTSTEI		
Full Mailing Address: 3825 W. ESTES	AVENUE, LINCOLNWOOD, 1607,	
Full Mailing Address: 3825 W. ESTES  List each office or position of employment for which this statement is filled:	LINCOLNWOOD LIBRARY	
Preferred email Address (optional):		
Questions		
1. If you have any single asset that was worth more than \$10, or payable to, your name, held jointly by, or payable to, you your minor child, list such assets below. In the case of inves real estate is located. If you do not have any such assets, list	i With your spouse, or held jointly by, or payable to, you with the city and state where the investment	
<ol> <li>Excluding the position for which you are required to file this required to be reported during the preceding calendar year capital gains in the preceding calendar year, list the name o transfer took place. If you had no such sources of income or</li> </ol>	If you sold an asset that produced more than \$7,500 in the sale or asset and the transaction date on which the sale or assets, list "none" below.	
Source of Income / Name of Asset  NONE  Date Sold (if applicable)		
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3. Excluding debts incurred on terms available to the general p if you owed any single debt in the preceding calendar year enhad no such debts, list "none" below. List the creditor for all a spouse, or owed jointly by you with your minor child. In addit port any debts to or from financial institutions or government furniture or appliances, as long as the debt was made on terr family, or debts to or from a political committee registered w committee, principal campaign committee, or authorized con	pplicable debts owed by you, owed jointly by you with your pplicable debts owed by you, owed jointly by you with your tion to the types of debts listed above, you do not need to retain a gencies, such as debts secured by automobiles, household ans available to the general public, debts to members of your lith the Illinois State Board of Elections or any political.	
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	Name of Unit of Government  NONE	Title or Nature of Services
5.		ors, list the name of the lobbyist below and identify the nature
	***************************************	***************************************
6.	List the name of each person, organization, or entity that wavalued singly or in the aggregate in excess of \$500 received gifts, or honorarium or honoraria, excluding any gift or gifts lobbyist registered with any unit of government in the State	from a mamber of your family that
7.	List the name of any spouse or immediate family member liv public utility in this State and the name of the public utility to Name and Relation	ing with the person making this statement employed by a hat employs the relative.
ı	NONE	
Ve	rification	
al E	eclare that this Statement of Economic Interests (including any wledge and belief is a true, correct and complete statement of ithics Act. I understand that the penalty for willfully filing a false risonment in a penal institution other than the penitentiary no	my economic interests as required by the Illinois Governmen-
Na	nme of Filer (print): <u>KAR</u> FLECK GUTSTE,  Date: <u>DECEMBER 8, 202</u> 2	
	ertification of Ethics Officer Review (State of Illinois Or	
if i	this Statement of Economic Interests requires ethics officer review prior n accordance with law, as Ethics Officer, I reviewed this Statement of	to filing, the applicable ethics officer must complete the following:  Economic Interests prior to its filing."
	Printed Name of Ethics Officer: Date	
ad	Preferred email	_ Signature: