



STATEMENT OF ECONOMIC INTERESTS  
TO BE FILED WITH THE COOK COUNTY CLERK

(For Office Use)



2008004441

MICHAEL CULLIGAN  
14131 TERRY DRIVE  
ORLAND PARK IL 60462

1691-0 VILLAGE OF ORLAND PARK

*PLA Commissioner*

(LIST EACH LOCAL OFFICE OR POSITION OF EMPLOYMENT FOR WHICH THIS STATEMENT IS FILED)

GENERAL DIRECTIONS

The interest (if constructively controlled by the person making the statement) of a spouse or any other party, shall be considered to be the same as the interest of the person making the statement. Campaign receipts shall not be included in this statement. If additional space is needed, please attach supplemental listing. Separate filings for multiple LOCAL offices or positions of employment are not required. You must list the name of each LOCAL unit of government you are required to file for on the top portion of the statement. (Use blue or black ink only.)

1. List the name and instrument of ownership in any entity doing business with a unit of local government in relation to which the person is required to file, in which the ownership interest held by the person at the date of filing is in excess of \$5,000 fair market value or from which dividends in excess of \$1,200 were received during the preceding calendar year. (In the case of real estate, location thereof shall be listed by street address, or if none, then by legal description.) No time or demand deposit in a financial institution, nor any debt instrument shall be listed.

BUSINESS ENTITY	INSTRUMENT OF OWNERSHIP	POSITION OF MANAGEMENT
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

2. List the name, address and type of practice of any professional organization in which the person making the statement was an officer, director, associate, partner or proprietor or served in any advisory capacity, from which income in excess of \$1,200 was derived during the preceding calendar year.

NAME	ADDRESS	TYPE OF PRACTICE
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

3. List the nature of professional services rendered (other than to the unit or units of local government in relation to which the person is required to file) and the nature of the entity to which they were rendered if fees exceeding \$5,000 were received during the preceding calendar year from the entity for professional services rendered by the person making the statement. ("Professional services" means services rendered in the practice of law, accounting, engineering, medicine, architecture, dentistry, or clinical psychology.)

N/A



4. List the identity (including the address or legal description of real estate) of any capital asset from which a capital gain of \$5,000 or more was realized during the preceding calendar year.

N/A

5. List the name of any entity and the nature of the governmental action requested by any entity which has applied to a unit of local government in relation to which the person must file for any license, franchise or permit for annexation, zoning or rezoning of real estate during the preceding calendar year if the ownership interest of the person filing is in excess of \$5,000 fair market value at the time of filing or if income or dividends in excess of \$1,200 were received by the person filing from the entity during the preceding calendar year.

N/A

6. List the name of any entity doing business with a unit of local government in relation to which the person is required to file from which income in excess of \$1,200 was derived during the preceding calendar year other than for professional services and the title or description of any position held in that entity. No time or demand deposit in a financial institution nor any debt instrument need be listed.

N/A

7. List the name of any unit of government which employed the person making the statement during the preceding calendar year other than the unit or units of government in relation to which the person is required to file.

N/A

8. List the name of any entity from which a gift or gifts, or honorarium or honoraria, valued singly or in the aggregate in excess of \$500, was received during the preceding calendar year.

N/A

VERIFICATION

"I declare that this statement of economic interests (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement of my economic interests as required by the Illinois Governmental Ethics Act. I understand that the penalty for willfully filing a false or incomplete statement shall be a fine not to exceed \$1,000 or imprisonment in a penal institution other than the penitentiary not to exceed one year, or both fine and imprisonment."

Sign Here →

Mitchell Curly

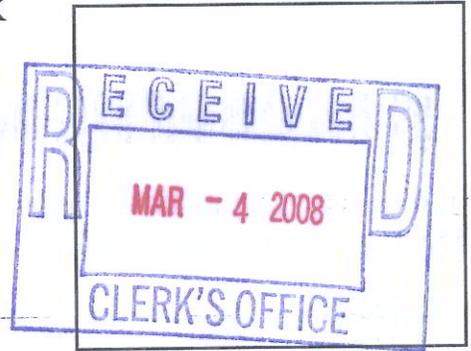
(SIGNATURE OF PERSON MAKING THE STATEMENT BLUE OR BLACK INK ONLY)

(DATE)



STATEMENT OF ECONOMIC INTERESTS  
TO BE FILED WITH THE COOK COUNTY CLERK

(For Office Use)



2008006594

PATRICK FITZGERALD  
14208 MEADOWVIEW COURT  
ORLAND PARK IL 60462

1691-0 VILLAGE OF ORLAND PARK

*Hearing Officer, zoning Board of Appeals*

(LIST EACH LOCAL OFFICE OR POSITION OF EMPLOYMENT FOR WHICH THIS STATEMENT IS FILED)

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*N/A*



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N/A

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Sign Here →

Patrick W. Fitzgerald 3-3-08

(SIGNATURE OF PERSON MAKING THE STATEMENT BLUE OR BLACK INK ONLY)

(DATE)



# STATEMENT OF ECONOMIC INTERESTS TO BE FILED WITH THE COOK COUNTY CLERK

(For Office Use)



2008016317

DAVID OCONNOR  
16839 SUSAN LANE  
ORLAND PARK IL 60462

1691-0 VILLAGE OF ORLAND PARK

(LIST EACH LOCAL OFFICE OR POSITION OF EMPLOYMENT FOR WHICH THIS STATEMENT IS FILED)

## GENERAL DIRECTIONS

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BUSINESS ENTITY	INSTRUMENT OF OWNERSHIP	POSITION OF MANAGEMENT
_____	_____	_____
_____	_____	_____

2. List the name, address and type of practice of any professional organization in which the person making the statement was an officer, director, associate, partner or proprietor or served in any advisory capacity, from which income in excess of \$1,200 was derived during the preceding calendar year.

NAME	ADDRESS	TYPE OF PRACTICE
O'CONNOR LAW OFFICES, LLC	10751 W. 165 <sup>TH</sup> ST. SUITE 101, ORLAND PARK, IL 60467	LAW
_____	_____	_____

3. List the nature of professional services rendered (other than to the unit or units of local government in relation to which the person is required to file) and the nature of the entity to which they were rendered if fees exceeding \$5,000 were received during the preceding calendar year from the entity for professional services rendered by the person making the statement. ("Professional services" means services rendered in the practice of law, accounting, engineering, medicine, architecture, dentistry, or clinical psychology.)

LAW



4. List the identity (including the address or legal description of real estate) of any capital asset from which a capital gain of \$5,000 or more was realized during the preceding calendar year.

None

5. List the name of any entity and the nature of the governmental action requested by any entity which has applied to a unit of local government in relation to which the person must file for any license, franchise or permit for annexation, zoning or rezoning of real estate during the preceding calendar year if the ownership interest of the person filing is in excess of \$5,000 fair market value at the time of filing or if income or dividends in excess of \$1,200 were received by the person filing from the entity during the preceding calendar year.

None

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7. List the name of any unit of government which employed the person making the statement during the preceding calendar year other than the unit or units of government in relation to which the person is required to file.

\* Illinois State Appellate Prosecutor's Office, Springfield, IL  
\* Moraine Valley Community College, Palos Hills, IL

8. List the name of any entity from which a gift or gifts, or honorarium or honoraria, valued singly or in the aggregate in excess of \$500, was received during the preceding calendar year.

Salary - See #7;

**VERIFICATION**

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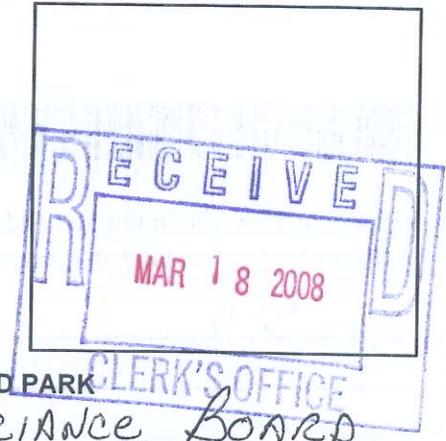


2008023048

TOM VILLANOVA  
8692 FLINT LANE  
ORLAND PARK IL 60462

1691-0 VILLAGE OF ORLAND PARK

ZONING VARIANCE BOARD



(LIST EACH LOCAL OFFICE OR POSITION OF EMPLOYMENT FOR WHICH THIS STATEMENT IS FILED)

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BUSINESS ENTITY

INSTRUMENT OF OWNERSHIP

POSITION OF MANAGEMENT

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NAME

ADDRESS

TYPE OF PRACTICE

NA

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Sign Here →

Thomas Allan 3-18-08

(SIGNATURE OF PERSON MAKING THE STATEMENT BLUE OR BLACK INK ONLY)

(DATE)