



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

(For Office Use)



(TYPE OR HAND PRINT)

PAUL M. AUBIN

(NAME)

PLANNING COMMISSIONER

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

13637 CHERRY LAKE ORLAND PARK IL 60462

(FULL MAILING ADDRESS)

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
DNA		

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
DNA		

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.)

DNA

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.

DNA

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.

DNA

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.

DNA

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.

DNA

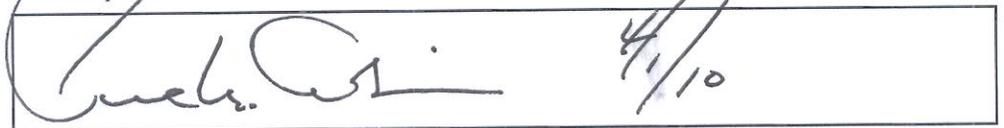
8. List the name of any entity from which a gift or gifts, or honorarium or honoraria, valued singly or in the aggregate in excess of \$500, was received during the preceding calendar year.

DNA

**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 →



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

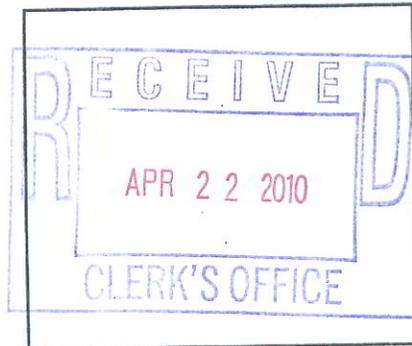
(DATE)

DNA - DOES NOT APPLY



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

(For Office Use)



2010003092

FELICITAS CAMACHO  
7361 MIMOSA DRIVE  
ORLAND PARK IL 60462

1691-0 VILLAGE OF ORLAND PARK

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

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NAME	ADDRESS	TYPE OF PRACTICE
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Sign Here →

*A. Comacho*

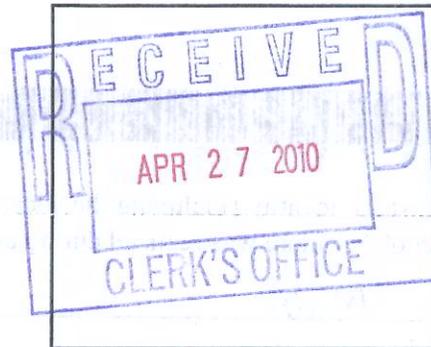
(SIGNATURE OF PERSON MAKING THE STATEMENT BLUE OR BLACK INK ONLY)

(DATE)



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

(For Office Use)



2010006104

STEVE DZIERWA  
8049 BRAEBURN 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)

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BUSINESS ENTITY

INSTRUMENT OF OWNERSHIP

POSITION OF MANAGEMENT

NONE

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NAME

ADDRESS

TYPE OF PRACTICE

NONE

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.)

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Sign Here →

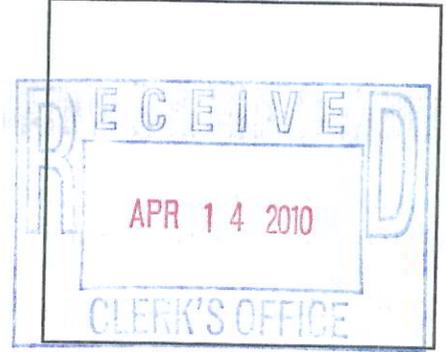
(SIGNATURE OF PERSON MAKING THE STATEMENT BLUE OR BLACK INK ONLY)

(DATE)



STATEMENT OF ECONOMIC INTERESTS  
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(For Office Use)



2010006935

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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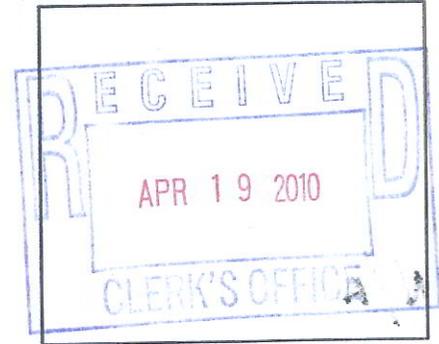
Sign Here →

Patrick W. Fitzgerald 4-12-10  
(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)



2010013979

THOMAS MAHONEY  
15431 TULIP COURT  
ORLAND PARK IL 60462

5045-0 COOK COUNTY - STATES ATTORNEY  
1691-0 VILLAGE OF ORLAND PARK

(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
N/A	2010013979	STATES ATTORNEY

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NAME	ADDRESS	TYPE OF PRACTICE
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N/A		
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N.E.M.R.T. POLICE TRAINING

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.

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Sign Here →

Thomas R. Mahoney

N/A

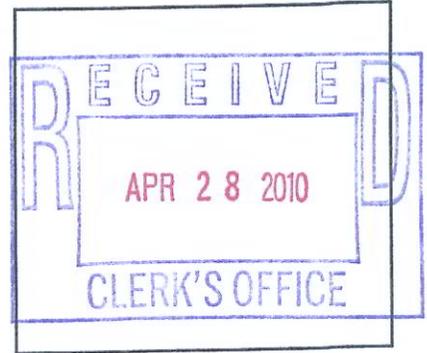
(SIGNATURE OF PERSON MAKING THE STATEMENT - BLUE OR BLACK INK ONLY)

(DATE)



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

(For Office Use)



2010015069

DANIEL MCMILLAN  
8621 W 141ST STREET  
ORLAND PARK IL 60462

1691-0 VILLAGE OF ORLAND PARK

Chairman  
Parks and Recreation Advisory Board

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

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Daniel J. McMillan 4/17/2010

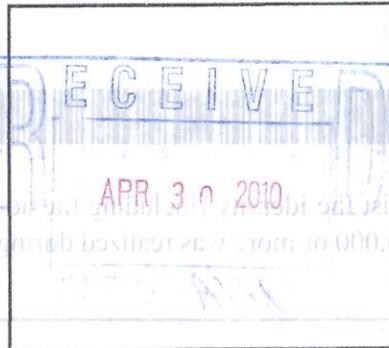
(SIGNATURE OF PERSON MAKING THE STATEMENT BLUE OR BLACK INK ONLY)

(DATE)



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

(For Office Use)



2010015142

THOMAS MCSHARRY  
9402 WEST 140TH STREET  
ORLAND PARK IL 60462

1691-0 VILLAGE OF ORLAND PARK

RECREATION ADVISORY 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

N/A

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NAME

ADDRESS

TYPE OF PRACTICE

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← Sign Here



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*Thomas H. McSherry*

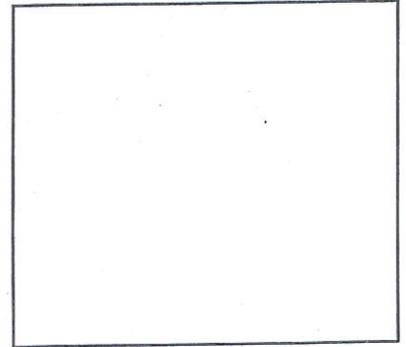
(SIGNATURE OF PERSON MAKING THE STATEMENT BLUE OR BLACK INK ONLY)

(DATE)



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

(For Office Use)



2010016482

DANIEL NASH  
15701 TORREY PINES DRIVE  
ORLAND PARK IL 60462

1691-0 VILLAGE OF ORLAND PARK  
Police Pension Board

(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
N/A		

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
N/A		

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 →

Daniel R Nash 4/13/10

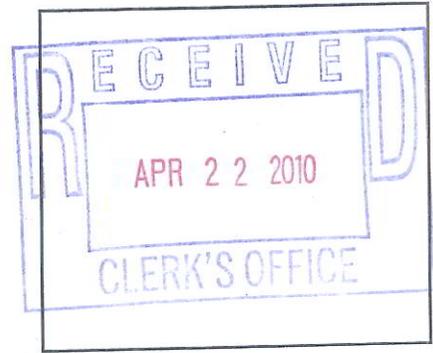
(SIGNATURE OF PERSON MAKING THE STATEMENT BLUE OR BLACK INK ONLY)

(DATE)



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

(For Office Use)



2010016786

JEROME NOGA  
8524 GOLFFVIEW DRIVE  
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
NONE		

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
NONE		

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.)

NONE



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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

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.

NONE

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.

NONE

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.

NONE

**VERIFICATION**

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Sign Here →

 4-6-10

(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)

[Empty box for office use]



2010016871

RONALD NOTEBOOM  
8749 143RD STREET  
ORLAND PARK IL 60462

1691-0 VILLAGE OF ORLAND PARK

Trustee Police Pension Fund

(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.)

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BUSINESS ENTITY	INSTRUMENT OF OWNERSHIP	POSITION OF MANAGEMENT
<u>NONE</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>NONE</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.)

<u>NONE</u>



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

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.

None

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.

None

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.

None

### 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 →

Randy D. Stolton

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

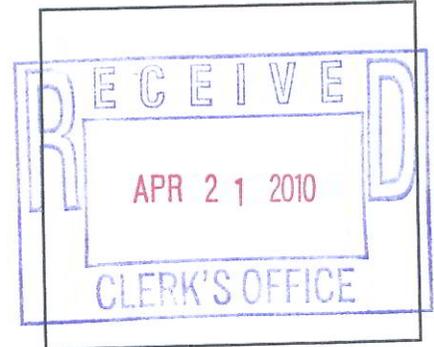
(DATE)

3/31/10



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

(For Office Use)



2010017067

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

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.)

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BUSINESS ENTITY	INSTRUMENT OF OWNERSHIP	POSITION OF MANAGEMENT
<u>None</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>DAVID J. O'CONNOR</u>	<u>10751 W. 165<sup>th</sup> ST.</u>	<u>LAW PRACTICE</u>
<u>O'CONNOR LAW OFFICES, LLC</u>	<u>SUITE 101 ORLAND PARK, IL 60467</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.)

O'CONNOR LAW OFFICES, LLC has rendered legal services to clientele within the proceeding year in excess of \$5,000.00.



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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None.

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.

Income has been received pursuant to teaching endeavors for Moraine Valley Community College and the State Appellate Prosecutor's Office.

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.

None.

**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 →

Paul J. O'Connell 4/20/10

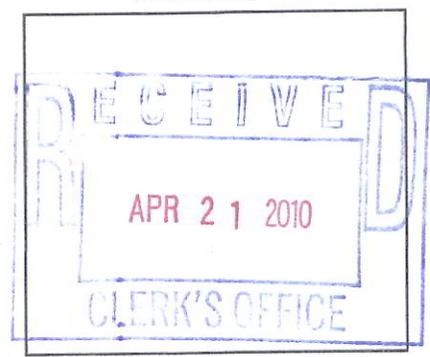
(SIGNATURE OF PERSON MAKING THE STATEMENT BLUE OR BLACK INK ONLY)

(DATE)



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

(For Office Use)



2010017683  
**NICK PARISI**  
10956 PERSIMMON COURT  
ORLAND PARK IL 60467

1691-0 VILLAGE OF ORLAND PARK  
Planning Commission

(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.)

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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
_____	_____	_____
_____	_____	_____

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.)

\_\_\_\_\_  
\_\_\_\_\_



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.

\_\_\_\_\_  
\_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_

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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.

\_\_\_\_\_  
\_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_

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Sign Here →

*Mark A. Fin* 3-31-10

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

(DATE)

(For Office Use)

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



(TYPE OR HAND PRINT)

DENIS RYAN

CIVIC CENTER Authority BOARD

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

15301 LILAC Ct. ORLAND PARK IL. 60462

(FULL MAILING ADDRESS)

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.)

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Table with 3 columns: BUSINESS ENTITY, INSTRUMENT OF OWNERSHIP, POSITION OF MANAGEMENT. Row 1: N/A, blank, blank.

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.

Table with 3 columns: NAME, ADDRESS, TYPE OF PRACTICE. Row 1: N/A, blank, blank.

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

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N/A

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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

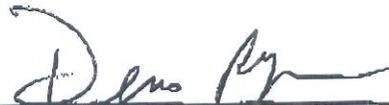
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N/A

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Sign Here →



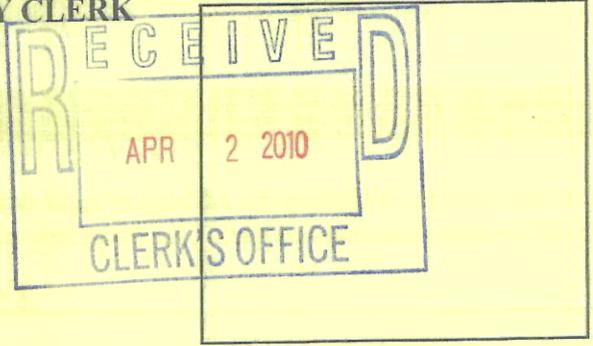
(SIGNATURE OF PERSON MAKING THE STATEMENT BLUE OR BLACK INK ONLY)

(DATE)



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

(For Office Use)



2010022444

LOUIS STEPHENS  
15234 S 108TH AVENUE  
ORLAND PARK IL 60462

1691-0 VILLAGE OF ORLAND PARK

Plan Commissioner

(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
<u>NONE</u>	<u>NONE</u>	<u>NONE</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>NONE</u>	<u>NONE</u>	<u>None</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.)

None



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

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.

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NONE

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.

NONE

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 →

*Joseph Stephen* 3/31/2010

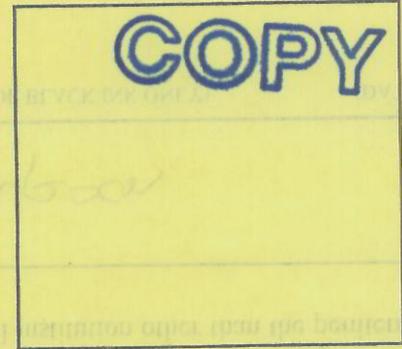
(SIGNATURE OF PERSON MAKING THE STATEMENT BLUE OR BLACK INK ONLY)

(DATE)



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

(For Office Use)



2010023327

**PATRICIA THOMPSON**  
11618 VALLEY BROOK  
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

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
N/A		

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
N/A		

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**

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Sign Here →

*Patricia Ann Thompson*

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

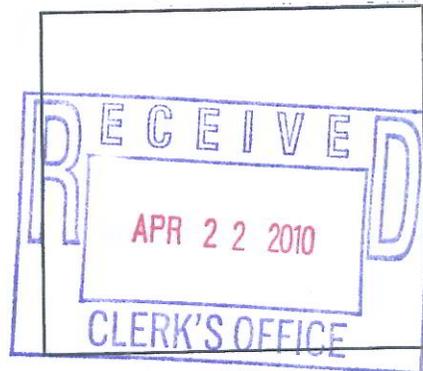
(DATE)





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

(For Office Use)



2010023854

LARRY URBANSKI  
13916 CHARLESTON DRIVE  
ORLAND PARK IL 60462

1691-0 VILLAGE OF ORLAND PARK

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

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[Signature: J. Abandis] 4-12-10

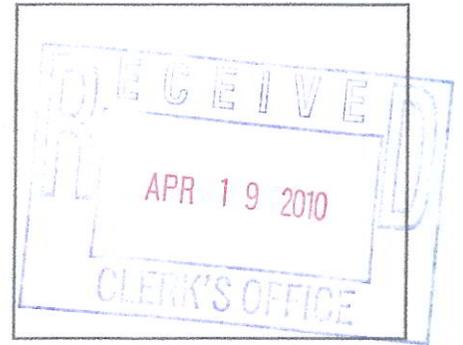
(SIGNATURE OF PERSON MAKING THE STATEMENT BLUE OR BLACK INK ONLY)

(DATE)



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

(For Office Use)



2010025424

JEFFREY WITHGOTT  
13817 COGHILL 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)

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Sign Here →

[Handwritten signature in a box]

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

(DATE)