

STATEMENT OF FINANCIAL INTERESTS OF ALDERMEN  
FILED PURSUANT TO THE GOVERNMENTAL ETHICS  
ORDINANCE, AS AMENDED, MUNICIPAL CODE - 2-156-150

2008 APR 24 AM 9:18

OFFICE OF THE  
CITY CLERK

TO BE FILED WITH:

OFFICE OF THE CITY CLERK  
121 N. LASALLE STREET, ROOM 107  
CHICAGO, ILLINOIS 60602

TYPE OR PRINT LEGIBLY STATEMENT FOR CALENDAR YEAR 2007

NAME: Allen Thomas R.  
(Last) (First) (MI)

ADDRESS 5342 West Belle Plaine Avenue  
Chicago, Illinois 60641

PLEASE READ ATTACHED INFORMATION AND INSTRUCTION SHEET BEFORE FILLING  
OUT STATEMENT. TERMS MARKED WITH AN ASTERISK ARE DEFINED IN  
INSTRUCTION SHEET. IF NECESSARY, PLEASE ANSWER ALL QUESTIONS ON A  
SEPARATE SHEET OF PAPER AND ATTACH TO THIS FORM.

\*\*\*\*\*

OTHER EMPLOYMENT INCOME

Non-City Income

1. If, during the preceding calendar year, you received in excess of \$2,500 in income from any professional business or other organization (other than the city) for your service as an officer, director, associate, partner, proprietor, employee, or advisor, provide the information below.

Type of Organization	NAME	ADDRESS	POSITION
<u>Law Practice</u>	<u>Chapekis, Marcus, Allen &amp; Chapekis</u>	<u>11 South LaSalle Street, Chicago</u>	<u>Illinois 60603 - Attorney</u>

Other Government Employment

2. If, during the preceding calendar year, you were employed by any unit of government OTHER THAN THE CITY OF CHICAGO, please list the name of such unit of government below.

None

**INCOME FROM CITY-RELATED BUSINESS**

**Income from City Business**

3. Please state the nature of any professional, business or other services rendered by you OR BY YOUR SPOUSE, OR BY ANY ENTITY IN WHICH YOU OR YOUR SPOUSE HAS A FINANCIAL INTEREST\*, and the name and nature of the person\* or entity (other than the City) to whom or to which such services were rendered if, during the preceding calendar year, (1) compensation in excess of \$5,000 was received for professional\* or other services by you, OR BY YOUR SPOUSE, OR BY ANY ENTITY IN WHICH YOU OR YOUR SPOUSE HAS A FINANCIAL INTEREST\*, and (2) the person\* or entity was doing business\* with the City, or with the Chicago Transit Authority, Board of Education, including the Chicago School Reform Board of Trustees, Chicago Park District, Chicago City Colleges, or the Metropolitan Pier and Exposition Authority;

Nature of Service Rendered

Name and Nature of Person\*  
Receiving Service

None

---

---

---

---

---

---

**Financial Interest\* in City Business**

4. If, during the preceding calendar year, you had a financial interest\* in any person\* doing business\* WITH the City, identify (a) the name of such person(s)\* and (b) your title or a description of any position you held with such person\*.

(a) Name of Person\*

(b) Title/Description of your position

None

---

---

---

---

---

---

**BUSINESS OWNERSHIP**

5. List the name and instrument of ownership in any person\* conducting business IN the City, in which you had a financial interest\* during the preceding calendar year. Ownership interest in publicly held corporations need not be disclosed.

Name of Business

Instrument of Ownership

None

---

---

---

---

---

---

**CAPITAL GAINS**

6. LIST the identity of any capital asset, including the address or legal description of real estate, from which you realized a capital gain of \$5,000 or more in the preceding calendar year. DO NOT INCLUDE ANY INCOME DERIVED FROM THE SALE OF YOUR PRINCIPAL PLACE OF RESIDENCE.

None

**REAL ESTATE**

7. If you have a financial interest\* in real estate located in the City of Chicago, OTHER THAN YOUR PRINCIPAL PLACE OF RESIDENCE, identify the address of the property, including zip code or, if none, the legal description of the real estate. Include all forms of direct or indirect ownership such as partnerships or trusts of which the corpus consists primarily of real estate. Trusts must be identified by the (a) trust number; (b) name and address of the trustee; and (c) location of land by both street address and legal description.

Address or legal description, including zip code:

4125 North Long  
Chicago, Illinois 60641

If applicable, identification of Trust:

LaSalle National Bank, 135 South LaSalle Street, Chicago, Illinois  
U/T/N 129914

**GIFTS**

8. LIST the name of any person\* from whom or which you received one or more GIFTS, or HONORARIA, having an aggregate value in excess of \$500 during the preceding calendar year. DO NOT INCLUDE GIFTS FROM RELATIVES.

None

**LICENSE/ZONING APPLICATION**

9. If, during the preceding calendar year, you had a financial interest\* in any person\* who applied to the City for any license, franchise, or permit for annexation, zoning or rezoning of real estate, list (a) the name of that person\* and (b) the nature of the City action requested.

(a) Name of Person\*

(b) Nature of Request

None

**DEBTS AND LOANS**

10. List all debts in excess of \$5,000 owed by or owed to you, if the creditor or debtor or any guarantor of such debt did work for or business\* with the City of Chicago in the preceding calendar year. Indicate by "D", or "C" beside the name whether the person\* is a debtor or creditor.


NOTE: You are not required to disclose information regarding (1) debt instruments issued by financial institutions if the loans are made at the prevailing rate of interest or (2) debt instruments issued by publicly held corporations and purchased by the reporting individual on the open market at the price available to the public.

"D" or "C"	Name of Debtor/Creditor	Instrument of Debt
	N/A	

\*\*\*\*\*

**VERIFICATION:** I declare that I have examined this Statement of Financial Interests (including any accompanying statements) and to the best of my knowledge and belief it is true, correct and complete. I understand that the penalty for willfully filing a Statement containing false or misleading information shall result in removal from office or employment sanctions, including discharge, in accordance with applicable rules, regulations and Ordinances of the City of Chicago.

4-24-08  
Date

  
\_\_\_\_\_  
Signature of Alderman

**THIS STATEMENT MUST BE FILED WITH THE CITY CLERK.**