

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

None

Name and Nature of Person*
Receiving Service

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

Law Offices of Patrick J. O'Connor

sole practice

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:

5321 N. Lincoln Avenue, Unit 3D, Chicago, IL 60625.

2545 W. Catalpa, Unit 5C, Chicago, IL 60625

2555 W. Catalpa, Unit 5A, Chicago, IL 60625

If applicable, identification of Trust:

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

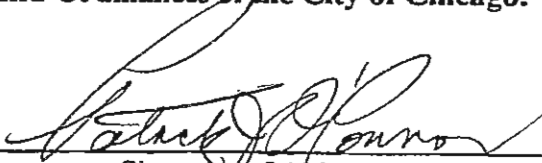
10. List all debts in excess of \$5,000 owed by or owed to you, if the creditor or debtor or any guarantor of such debt did work for or business* with the City of Chicago in the preceding calendar year. Indicate by "D", or "C" beside the name whether the person* is a debtor or creditor.

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
None	_____	_____
_____	_____	_____
_____	_____	_____

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.

4/22/08
Date


Signature of Alderman

THIS STATEMENT MUST BE FILED WITH THE CITY CLERK.