

44

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

TO BE FILED WITH:

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

OFFICE OF THE
CITY CLERK

2008 MAR 21 AM 11:39

TYPE OR PRINT LEGIBLY STATEMENT FOR CALENDAR YEAR 2007

NAME: Tunney Tom M
(Last) (First) (MI)

ADDRESS 330 W. DIVERSEY #1807
CHICAGO IL 60657

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
	N/A		

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.

N/A

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.

SALE of 929 W. Belmont property

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:

** See attached.*

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.

N/A

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

N/A

3. Income from City Business

<u>Nature of Services Rendered</u>	<u>Name & Nature of Person Receiving Service</u>	
Catering from Ann Sather Restaurant	Chicago Police Dept.	\$1736.00
Catering from Ann Sather Restaurant	Dept. of Public Health	\$1612.50
	TOTAL	\$3348.50

7. Real Estate

Address or legal description, including zip code

909 W. Belmont Avenue, 60657
915 W. Belmont Avenue, 1st Floor, 60657
915 W. Belmont Avenue, 2nd Floor, 60657
917 W. Belmont Avenue, 1st Floor, 60657
917 W. Belmont Avenue, 2nd Floor, 60657
919 W. Belmont Avenue, 2nd Floor, 60657
921 W. Belmont Avenue, 1st Floor, 60657
921 W. Belmont Avenue, 2nd Floor, 60657
923 W. Belmont Avenue, 2nd Floor, 60657
925 W. Belmont Avenue, 2nd Floor, 60657
3150 N. Sheffield Avenue, Unit 610, 60657
330 W. Diversy Avenue, Unit 1807, 60657
929 W. Belmont Avenue, 60657 SOLD

ANN SATHER RESTAURANT

Cash Receipts Journal

For the Period From Jan 1, 2007 to Dec 31, 2007

Filter Criteria includes: 1) Customer IDs from CHICAGO POLICE DEPT to CHICAGO POLICE DEPT. Report order is by Check Date. Report is printed in Detail Format.

Date	Account ID	Transaction Ref	Line Description	Debit Amnt	Credit Amnt
1/9/07	11000 10200	8439	Invoice: 042550 CHICAGO POLICE DEPARTMENT	593.50	593.50
5/10/07	11000 10200	8794	Invoice: 564200 CHICAGO POLICE DEPARTMENT	430.00	430.00
6/23/07	11000 10200	8869	Invoice: 546175 CHICAGO POLICE DEPARTMENT	712.50	712.50
				<u>1,736.00</u>	<u>1,736.00</u>

ANN SATHER RESTAURANT
Cash Receipts Journal

For the Period From Jan 1, 2007 to Dec 31, 2007

Filter Criteria includes: 1) Customer IDs from DEPT OF PUBLIC HEALT to DEPT OF PUBLIC HEALT. Report order is by Check Date. Report is printed in Detail Format.

Date	Account ID	Transaction Ref	Line Description	Debit Amnt	Credit Amnt
6/12/07	11000 10200	40937891	Invoice: 457273 DEPT OF PUBLIC HEALTH	1,122.35	1,122.35
7/13/07	11000 10200	40952902	Invoice: 265599 DEPT OF PUBLIC HEALTH	191.35	191.35
8/31/07	11000 11000 10200	40974225	Invoice: 294398 Invoice: 294397 DEPT OF PUBLIC HEALTH	298.80	170.40 128.40
				<u>1,612.50</u>	<u>1,612.50</u>