

FINANCIAL DISCLOSURE REPORT FOR CALENDAR YEAR 2005

*Report Required by the Ethics
in Government Act of 1978,
(5 U.S.C. app. §§101-111)*

1. Person Reporting <i>(Last name, first, middle initial)</i> Bucklo, Elaine E.	2. Court or Organization United States District Court Northern District of Illinois	3. Date of Report May 9, 2006
4. Title <i>(Article III judges indicate active or senior status; magistrate judges indicate full- or part-time)</i> United States District Judge (active status)	5a. Report Type (check appropriate type) ___ Nomination, Date _____ ___ Initial <u> X </u> Annual ___ Final 5b. ___ Amended Report	6. Reporting Period January 1, 2005 - December 31, 2005
7. Chambers or Office Address 219 S. Dearborn Street, Suite 1446 Chicago, Illinois 60604	8. On the basis of the information contained in this Report and any modifications pertaining thereto, it is, in my opinion, in compliance with applicable laws and regulations. Reviewing Officer _____ Date _____	

IMPORTANT NOTES: The instructions accompanying this form must be followed. Complete all parts, checking the NONE box for each part where you have no reportable information. Sign on last page.

I. POSITIONS. *(Reporting individual only; see pp. 9-13 of Instructions.)*

	<u>POSITION</u>	<u>NAME OF ORGANIZATION/ENTITY</u>
1	<input checked="" type="checkbox"/> NONE (No reportable positions.)	
2	_____	_____
3	_____	_____

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II. AGREEMENTS. *(Reporting individual only; see pp. 14-16 of Instructions.)*

	<u>DATE</u>	<u>PARTIES AND TERMS</u>
1	<input checked="" type="checkbox"/> NONE (No reportable agreements.)	
2	_____	_____

III. NON-INVESTMENT INCOME. *(Reporting individual and spouse; see pp. 17-24 of Instructions.)*

	<u>DATE</u>	<u>SOURCE AND TYPE</u>	<u>INCOME</u>
A. Filer's Non-Investment Income			
1	<input checked="" type="checkbox"/> NONE (No reportable non-investment income.)		
2	_____	_____	\$ _____
3	_____	_____	\$ _____

B. Spouse's Non-Investment Income - If you were married during any portion of the reporting year, please complete this section. (dollar amount not required except for honoraria)

1	<input type="checkbox"/> NONE (No reportable non-investment income.)	
2	_____	self-employed therapist
3	_____	

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IV. REIMBURSEMENTS -- transportation, lodging, food, entertainment.

(Includes those to spouse and dependent children. See pp. 25-27 of Instructions.)

	<u>SOURCE</u>	<u>DESCRIPTION</u>
<input type="checkbox"/>	NONE (No such reportable reimbursements.)	
1	National Association of Shareholder and Consumer Attorneys	April 6-8, 2005, Las Vegas, Nevada; panel speaker, "Class Action Settlements and Claims Administration" (transportation, meals, lodging)
2	American Bar Association	June 23-25, 2005, Quebec City, Canada; <i>Litigation Magazine</i> Editorial Board Meeting (transportation, meals, lodging)
3	American Bar Association	November 3-6, 2005, Austin, Texas; <i>Litigation Magazine</i> Editorial Board Meeting (transportation, meals, lodging)
4	American Bar Association	November 30 - December 1, 2005, Washington, D.C.; Interview Justice Stevens, United States Supreme Court, for <i>Litigation Magazine</i>
5		
6		
7		

V. GIFTS. (Includes those to spouse and dependent children. See pp. 28-31 of Instructions.)

	<u>SOURCE</u>	<u>DESCRIPTION</u>	<u>VALUE</u>
<input checked="" type="checkbox"/>	NONE (No such reportable gifts.)		
1			\$
2			\$
3			\$
4			\$

VI. LIABILITIES. (Includes those of spouse and dependent children See pp. 32-33 of Instructions.)

	<u>CREDITOR</u>	<u>DESCRIPTION</u>	<u>VALUE CODE*</u>
<input checked="" type="checkbox"/>	NONE (No reportable liabilities.)		
1			
2			
3			
4			
5			

*Value Codes:

J=\$15,000 or less

K=\$15,001-\$50,000

L=\$50,001-\$100,000

M=\$100,001-\$250,000

N=\$250,001-\$500,000

O=\$500,001-\$1,000,000

P1=\$1,000,001-\$5,000,000

P2=\$5,000,001-\$25,000,000

P3=\$25,000,001-\$50,000,000

P4=\$50,000,001 or more

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VII. Page 1 INVESTMENTS and TRUSTS -- income, value, transactions (Includes those of spouse and dependent children. See pp. 34-60 of Instructions.)

A Description of Assets (including trust assets) <i>Place a check after each asset exempt from prior disclosure</i>	B Income during reporting period		C Gross value at end of reporting period		D Transactions during reporting period				
	(1)	(2)	(1)	(2)	(1)	If not exempt from disclosure			
	AmI Code (A-H)	Type (rent, div, int, etc.)	Value Code (J-P)	Value Method Code (Q-W)	Type (buy, sell, merge, redemption)	(2) Date Month/Day	(3) Value Code (DEP)	(4) Gain Code (A-H)	(5) Identif of buyer/seller (if private transaction)
<input type="checkbox"/> NONE (No report able income, assets, or transactions.)									
1 Harris Trust & Savings Bank Chicago, IL	A	int.	J	T					
2 Mineral interests, [REDACTED]	A	rent&roy	J	W					
3 *payors: National Cooperative									
4 Refinery Assn.; Plains Marketing,									
5 L.P.; and Eaglewing, L.P.									
6									
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15									
16									
17									

1	Income/Gain Codes: (See Col. B1, D4)	A=\$1,000 or less F=\$50,001-\$100,000	B=\$1,001-\$2,500 G=\$100,001-\$1,000,000	C=\$2,501-\$5,000 H=\$1,000,001-\$5,000,000	D=\$5,001-\$15,000 H2=More than \$5,000,000	E=\$15,001-\$50,000
2	Value Codes: (See Col. C1, D3)	J=\$15,000 or less N=\$250,001-\$500,000 P3=\$25,000,001-\$50,000,000	K=\$15,001-\$50,000 O=\$500,001-\$1,000,000	L=\$50,001-\$100,000 P1=\$1,000,001-\$5,000,000 P4=More than \$50,000,000	M=\$100,001-\$250,000 P2=\$5,000,001-\$25,000,000	
3	Value Method Codes: (See Col. C2)	O=Appraisal U=Book value	R=Cost (real estate only) V=Other	S=Assessment W=Estimated	T=Cash/Market	

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VIII. ADDITIONAL INFORMATION OR EXPLANATIONS (Indicate part of Report.)**IX. CERTIFICATION.**

I certify that all information given above (including information pertaining to my spouse and minor or dependent children, if any) is accurate, true, and complete to the best of my knowledge and belief, and that any information not reported was withheld because it met applicable statutory provisions permitting non-disclosure.

I further certify that earned income from outside employment and honoraria and the acceptance of gifts which have been reported are in compliance with the provisions of 5 U.S.C. app. § 501 et. seq., 5 U.S.C. § 7353 and Judicial Conference regulations.

Signature _____

Date 5-9-06

NOTE: ANY INDIVIDUAL WHO KNOWINGLY AND WILFULLY FALSIFIES OR FAILS TO FILE THIS REPORT MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS (5 U.S.C. app. § 104.)

FILING INSTRUCTIONS:

Mail signed original and 3 additional copies to:

Committee on Financial Disclosure
Administrative Office of the
United States Courts
Suite 2-301
One Columbus Circle, N.E.
Washington, D.C. 20544