

2004  
021545

# STATEMENT OF ECONOMIC INTERESTS TO BE FILED WITH THE SECRETARY OF STATE



(Type or Hand Print Name and Address in the blank space)

SUZANNE H BASSI



**FILED**  
INDEX DEPARTMENT

APR 29 2004

IN THE OFFICE OF  
SECRETARY OF STATE

**REP IN THE GENERAL ASSEMBLY - REPUBLICAN**

(List each Office or Position of Employment for which this Statement is Filed)  
(Full Post Office Address to which Notification of an Examination of this Statement should be Sent)

### 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.

1. List the name and instrument of ownership in any entity doing business in the State of Illinois, 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 derived 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 need be listed.

Business Entity

Instrument of Ownership

BERKSHIRE HATHAWAY, INC.  
W.R. BERKLEY CORP.  
SEQUOIA FUND, INC.  
FIDELITY FUND, INC.  
STRONG SHORT-TERM HIGH YIELD BOND FUND  
DODGE & COX STOCK FUND  
T. ROWE PRICE MID-CAP VALUE FUND

COMMON STOCK  
COMMON STOCK  
MUTUAL FUND SHARES  
MUTUAL FUND SHARES  
MUTUAL FUND SHARES  
MUTUAL FUND SHARES  
MUTUAL FUND SHARES

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

Name	Address	Type of Practice
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. List the nature of professional services rendered (other than to the State of Illinois) to each entity from which income exceeding \$5,000 was received for professional services rendered during the preceding calendar year by the person making the statement.

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