

Instructions: Please complete the shaded areas of this document. After completion, please e-mail this form back to the Office of the Secretary to the Board at the following address: [cookcounty.board@cookcountyil.gov](mailto:cookcounty.board@cookcountyil.gov) (or fax to (312) 603-4683).



## PUBLIC TESTIMONY REGISTRATION FORM

### RECORD OF MEETING WITNESS COOK COUNTY BOARD OF COMMISSIONERS AND

### FOREST PRESERVE DISTRICT BOARD OF COMMISSIONERS

ALL FIELDS MUST BE FILLED IN, EXCEPT FIELDS WITH AN ASTERISK (\*) ARE OPTIONAL.  
OPTIONAL FIELDS MAY MAKE IT EASIER FOR US TO CONTACT YOU.

Meeting:	Cook County Board Meeting
Meeting Date:	7/25/2018
Item number and topic on which you will speak (agendas are on our website and at our office):	18-2073 Proposed Ordinance to establish a Consensus Revenue Forecasting Commission

Name:	Sheila Weinberg
Title*	Founder and CEO
Organization (if any):	Truth in Accounting
Address:	
City, State, Zip Code:	Chicago, IL
Phone Number*:	
E-Mail Address*:	sweinberg@truthinaccounting.org

PLEASE NOTE: According to the Cook County Board's Rules of Organization and Procedure, Section 2-107 (dd), public testimony will be permitted at regular and special meetings of the Board and at committee meetings of the Board. Authorization as a public speaker shall only be granted to those individuals who have submitted in writing, their name, address, subject matter, and organization (if any) to the Secretary 24 hours in advance of the meeting. Duly authorized public speakers shall be called upon to deliver testimony at a time specified in the meeting agenda. Public testimony must be germane to a specific item(s) on the meeting agenda, and the testimony must not exceed three minutes; the Secretary will keep track of the time and advise when the time for public testimony has expired. Persons authorized to provide public testimony shall not use vulgar, abusive, or otherwise inappropriate language when addressing the Board; failure to act appropriately; failure to speak to an item that is germane to the meeting, or failure to adhere to the time requirements may result in expulsion from the meeting and/or disqualify the person from providing future testimony.



# SPEAKER REGISTRATION FORM

COOK COUNTY AND FOREST PRESERVE DISTRICT  
BOARDS OF COMMISSIONERS



Thank you for registering to speak at a meeting of the Cook County Board or Forest Preserve District Board. Each person who registers will have three minutes to address the board or committee. You may bring documents for the Board to consider and/or you can submit written comment electronically to [cookcounty.board@cookcountyil.gov](mailto:cookcounty.board@cookcountyil.gov)

Witness Name Andrea Kluger

Organization (if any) Chicago Federation of Labor

City Chicago

State IL

ZIP 60601

\*Tell us which meeting you wish to be recorded as a witness. If you don't know the meeting or date, we can help at 312.603.6398 or email us. Please fill out a separate form for each meeting at which you wish to speak

\*Tell us the File ID number (example 17-0000) of the item on which you are registering your position. If you don't know the number, we can help at 312.603.6398 or email us.

18-5010 + 18-5011

\*What do you want to do? Circle ONE

ATTEND THE MEETING and

SPEAK IN FAVOR of a specific item

SPEAK IN OPPOSITION to a specific item

SPEAK FOR INFORMATION ONLY

DO NOT ATTEND THE MEETING but

REGISTER IN FAVOR of a specific item (You may add written comments on back of this form or email)

REGISTER IN OPPOSITION to a specific item (You may add written comments on back of this form or email)

PROVIDE WRITTEN COMMENT FOR INFORMATION ONLY (You may add written comments on back of this form or email)





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Witness Name Asadah Kirkland

Organization (if any) Soulful Chicago Book Fair

City Chicago

State IL

ZIP 60649

\*Tell us which meeting you wish to be recorded as a witness. If you don't know the meeting or date, we can help at 312.603.6398 or email us. Please fill out a separate form for each meeting at which you wish to speak

#18-5034

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SPEAK FOR INFORMATION ONLY Strengthening Chicago Communities

DO NOT ATTEND THE MEETING but

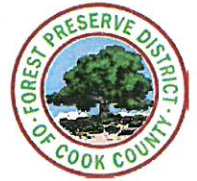
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Witness Name Elizabeth Clarke

Organization (if any) Juvenile Justice Initiative

City Evaston

State IL

ZIP 60201

\*Tell us which meeting you wish to be recorded as a witness. If you don't know the meeting or date, we can help at 312.603.6398 or email us. Please fill out a separate form for each meeting at which you wish to speak

18-4953

\*Tell us the File ID number (example 17-0000) of the item on which you are registering your position. If you don't know the number, we can help at 312.603.6398 or email us.

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Witness Name MARK WALSH

Organization (if any) Illinois Council Against Handgun Violence

City Chicago

State IL

ZIP 60607

\*Tell us which meeting you wish to be recorded as a witness. If you don't know the meeting or date, we can help at 312.603.6398 or email us. Please fill out a separate form for each meeting at which you wish to speak

\_\_\_\_\_

\*Tell us the File ID number (example 17-0000) of the item on which you are registering your position. If you don't know the number, we can help at 312.603.6398 or email us.

18-5012

\_\_\_\_\_

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