



**Cook County
Office, Board or Commission Affidavit**

Please fill out this application completely. Incomplete affidavits will not be considered for appointment. Please also submit your resume.

Please email the completed affidavit to appointments@cookcountyil.gov

APPLICANT INFORMATION					
Which office/board/commission are you applying for?		South Cook County Mosquito Abatement District			
Last Name	Miller	First	Lamarr	M.I.	X
Current Street Address	333 E. 153rd Place			Apartment/ Unit #	
City	Calumet City	State	Illinois	ZIP	60409
Phone	708-238-6190	E-mail Address	LamarrMiller_93@yahoo.com		
How long have you lived at your current address?		2 years			
Do you have multiple residences in Cook County?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
If yes, please list your other addresses and which address is your primary address:					
APPOINTMENT INFORMATION					

Have you received a Homeowner's Property Tax Exemption at any other address other than your primary address during the current tax year?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Is your primary residence located within the district of the office, board, or commission that you are applying for?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Have you reviewed the legal requirements for the appointment that you are seeking?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Do you fulfill the legal requirements for the appointment that you are seeking?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Do you possess any conflicts of interest that would prevent you from adequately representing the interests of the office, board or commission that you are applying for?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Will you notify the President of the Cook County Board of Commissioners and the Chairman of the Legislation and Intergovernmental Relations Committee of the Cook County Board of Commissioners if there is a change to any of the statements set forth in this instrument?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

APPOINTMENT OBLIGATIONS

I have received and reviewed a copy of Article 70 of the State Officials and Employees Ethics Act (5 ILCS 430/70, et al.) and am aware of my obligations under Article 70 of the State Officials and Employees Ethics Act.	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
I have received and reviewed a copy of the Cook County Ethics Ordinance and am aware of my obligations under the County's Ethics Ordinance (Chapter 2, Article VII, Divisions 1-3 of the Cook County Code of Ordinances).	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
If appointed, I agree to cooperate with the Cook County Board of Ethics and/or Office of the Cook County Independent Inspector General in my capacity as an appointee as may be required under Article 70 of the State Officials and Employees Ethics Act 5 ILCS 430/70-20) or the Cook County Ethics Ordinance (Chapter 2, Article VII, Divisions 1-3 of the Cook County Code of Ordinances).	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

If appointed, I shall not take any action that discriminates against any individual because of their race, color, sex, age, religion, disability, national origin, ancestry, sexual orientation, marital status, parental status, military discharge status, source of income, housing, or any other protected category established by law, statute or ordinance.

YES NO

Under penalties of perjury, I state that, to the best of my knowledge, the information contained in this application is true, correct and complete.

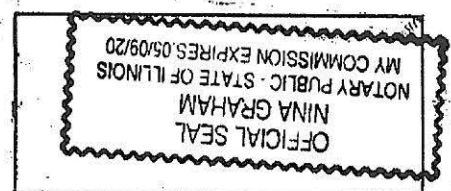
Applicant's Name: Lamarr X. Miller

Applicant's Signature: [Handwritten Signature]

Date: 4-22-19

Subscribed and sworn before me this 22 day of APRIL, 2019

Notary Signature: [Handwritten Signature]



Notary Stamp

