



19-3626

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?

Last Name **Wilson**
Current Street Address **18343 202nd St**

First Name **Johnny**
Last Name **St**

M.I. **H**

Apartment/Unit #

City **Lansing**

State **IL**

ZIP **60438**

Phone **708 271 0275**

Email Address **Fordyl And 2 @ Yahoo.com**

How long have you lived at your current address? **2 yrs**

Do you have multiple residences in Cook County? YES NO

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 YES NO

address other than your primary address

during the current tax year?

Is your primary residence located within the district of the office, board, or commission that you are applying for?

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YES NO

Have you reviewed the legal requirements for the appointment that you are seeking?

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YES NO

Do you fulfill the legal requirements for the appointment that you are seeking?

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YES NO

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?

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YES NO

Will you notify the President of the Cook County Board of Commissioners and the Chairman of the Legislative 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?

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YES NO

APPOINTMENT OBLIGATIONS

I have received and reviewed a copy of Article 70 of the State Officials and Employees Ethics Act (5 ILCS 43/1-3) and am aware of my obligations under Article 70 of the State Officials and Employees Ethics Act.

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YES NO

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).

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YES NO

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 43/1-3) or the Cook County Ethics Ordinance (Chapter 2, Article VII, Divisions 1-3 of the Cook County Code of Ordinances).

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YES NO

If appointed, I shall not take any action that discriminates against any individual because of their race, color, 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.

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YES NO

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

the best of my knowledge, the information is true, correct and complete.

Applicant's Name: _____

John W. Brown

Applicant's Signature: _____

[Signature]

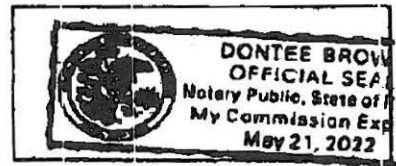
Date: _____

5/5/19

Subscribed and sworn before me this _____ day of _____, 2019

47 day of *May*, *2019*

Notary Signature: *Dontee A.*



Notary Stamp

