

## 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 Jonathan Buckner, Legislative Coordinator at <u>Jontahan.Buckner2@cookcountyil.gov</u> and Brian Miller, Office of Commissioner Larry Suffredin at <u>bmiller@suffredin.org</u>.

APPLICA	NT INFORMATION				
	ice/board/commission pplying for?				
Last Name	WI Son-HOWALD	First	Janette	M.I.	C
Current Street Address				Apartm Unit #	nent/
City	Chica GO	State	<b>I</b> 1(	ZIP	
Phone		E-mail Addre	:		
How long	have you lived at your curre	ent address	s? More	Than	25 years.
Do you ha	ave multiple residences in Co	ook County	? YES	NO 💢	
addresses	ease list your other s and which address imary 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		NO 🍾	7
Is your primary residence located within the district of the office, board, or commission that you are applying for?	YES "	Z	NO (	
Have you reviewed the legal requirements for the appointment that you are seeking?	YES		NO	•
Do you fulfill the legal requirements for the appointment that you are seeking?	YES	7	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?	YES		NO !	_
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	<u></u>	NO [	
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	VI	NO !	i
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	Z	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 430/70-20) or the Cook County Ethics Ordinance (Chapter 2, Article VII, Divisions 1-3 of the Cook County Code of Ordinances).	YES	N	NO !	

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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.
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: REV. DR. JANETTE C. WILSON - HOWARD
Applicant's Name: BEV. DR. JANETTE C. WILSON - HOWARD  Applicant's Signature: Welson Howard.  Date: 9-19-2017
Date: 9-19-2017
Subscribed and sworn before me this day of,
Notary Signature:
Notary Stamp