



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 Molly Lavaja, Legislative Coordinator at Molly.Lavaja@cookcountyil.gov and Brian Miller, Office of Commissioner Larry Suffredin at bmiller@suffredin.org.

APPLICANT INFORMATION					
Which office/board/commission are you applying for?		Cook County Health & Hospital System Board			
Last Name	MUNAR	First	DAVID	M.I.	E
Current Street Address	918 W Fletcher Street			Apartment/ Unit #	A
City	CHICAGO	State	IL	ZIP	60657
Phone	773-814-5606	E-mail Address	davidm@howardbrown.org		
How long have you lived at your current address?		4 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 X NO ☐

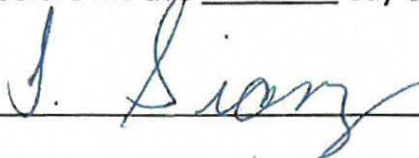
Under penalties of perjury, I state that, to the best of my knowledge, the information contained in this application is true, correct and complete.

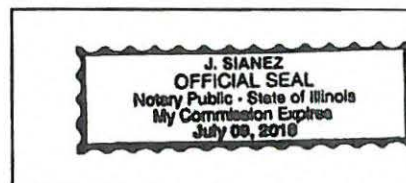
Applicant's Name: David Ernesto Munar

Applicant's Signature: 

Date: February 13, 2018

Subscribed and sworn before me this 13 day of February, 2018

Notary Signature: 



Notary Stamp