



**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](mailto:Molly.Lavaja@cookcountyil.gov) and Brian Miller, Office of Commissioner Larry Suffredin at [bmiller@suffredin.org](mailto:bmiller@suffredin.org).

**APPLICANT INFORMATION**

Which office/board/commission are you applying for? Pharmaceutical Disposal Advisory Committee

Last Name	Fotos	First	Peter	M.I.	J
Current Street Address	835 Columbian Ave			Apartment/ Unit #	
City	Oak Park	State	IL	ZIP	60302
Phone	703-624-5129	E-mail Address	pfotos@phrma.org		

How long have you lived at your current address? Less than one year

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 address other than your primary address during the current tax year?

YES ☐ NO ☒

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

YES ☒ 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 ☒ 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 ☒ 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 ☒ 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).

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 430/70-20) or the Cook County Ethics Ordinance (Chapter 2, Article VII, Divisions 1-3 of the Cook County Code of Ordinances).

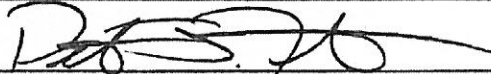
YES ☒ NO ☐

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: Peter J. Fotos

Applicant's Signature: 

Date: 1/4/18

Subscribed and sworn before me this 04 day of January, 2018

Notary Signature: 



Notary Stamp