



**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? Cook County JTDC Advisory Board

Last Name Horton First Dakeda M.I. R  
Current Street Address 833 W. 15<sup>th</sup> Place Apartment/Unit # 702  
City Chicago State IL ZIP 60608  
Phone 773-716-5332 E-mail Address dakedahorton@yahoo.com

How long have you lived at your current address? 4 years

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.

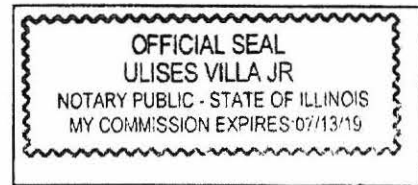
Applicant's Name: \* Dakeda R. Horton

Applicant's Signature: [Handwritten Signature]

Date: \_\_\_\_\_

Subscribed and sworn before me this 26<sup>th</sup> day of March, 2018

Notary Signature: [Handwritten Signature]



Notary Stamp