

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>.

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Which o are you	Chief Financial Officer of Cook County								
Last Name	Rizki		First	st Ammar			M.I.	M.	
Current Street Address	2557 Essex Drive						Apartment/ Unit #		
City	Northbrook		State	State IL		ZIP	60062		
Phone	312-315-9946	a.	E-mail Address		ammar.rizki@gmail.com				
How long have you lived at your current address?					3 years and 3 months.				
Do you have multiple residences in Cook County?				nty?		YES NO 19			
If yes, please list your other addresses and which address is your primary address:			Is						

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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	V
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	
APPO)RTMENT CIRCUMSTUTE TO THE LOCAL TO THE PARTY OF THE			
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 V 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: AMMAR M RIZKI									
Applicant's Name: $AMMARMRIZKI$ Applicant's Signature: $AMMARMRIZKI$ Date: $IO/6/2017$ Subscribed and sworn before me this 6^{TH} day of $0ctober$, 2017									
Notary Signature: Notary Pub	FICIAL SEAL ALE HOLLINS LIC - STATE OF ILLINOIS SION EXPIRES:05/22/18								
Nota	ary Stamp								