

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 for Legal and Governmental Affairs at Jonathan.Buckner2@cookcountyil.gov and Brian Miller, Office of Commissioner Larry Suffredin at <u>bmiller@suffredin.org</u>.

APPLICANT INFORMATION

Which office/board/commission are you applying for? South Stickney Sanitary District Tr					e	
Last Name	Bilski	First Kathl	Kathleen		M.I.	
Current Street Address	6502 W. 83 rd Place				artment/ it #	
City	Burbank	State IL		ZIP	60459	
Phone	708-932-4040	E-mail Address	katybilski@gmail.com			
How long have you lived at your current address?			31 years			
Do you	have multiple residences	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?		NO X
	2 M 2 M	31108
Is your primary residence located within the district of the office, board, or commission that you are applying for?	YES X	NO (
	3. 2) 2)	
Have you reviewed the legal requirements for the appointment that you are seeking?	YES X	NO
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Dense fulfil the level requirements for the appointment that you are cooking?		NO
Do you fulfill the legal requirements for the appointment that you are seeking?	YES X	NO L
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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 X
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 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: Kathleen Bilski		
Applicant's Signature: Kathleen Bilshi	4	
Date: July 11, 2016		
Subscribed and sworn before me this day of	016.	
Notary Signature: Carly 7. Vivesito		٢

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OFFICIAL SEAL CAROLYN L VIVERITO Notary Public - State of Illinois My Commission Expires Sep 25, 2017 Notary Stamp

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