



**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 Patrick Carey, Special Assistant for Governmental and Legislative Affairs at patrick.carey@cookcountyil.gov and Brian Miller, Office of Commissioner Larry Suffredin at bmiller@suffredin.org.

APPLICANT INFORMATION

Which office/board/commission are you applying for?

Last Name

BRADY

First

PATRICK

M.I.

M.

Current Street Address

4N752 WARE WOODS DR.

Apartment/
Unit #

City

ST. CHARLES

State

IL

ZIP

60175

Phone

(312) 972-7348

E-mail Address

PATANGJULIEBRADY@GMAIL.COM

How long have you lived at your current address?

10

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 <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 type="checkbox"/>	NO <input checked="" 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"/>

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

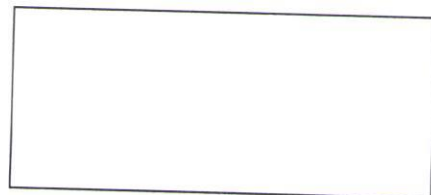
Applicant's Name: PATRICK M. BRADY

Applicant's Signature: [Signature]

Date: 1/20/15

Subscribed and sworn before me this _____ day of _____, _____

Notary Signature: _____



Notary Stamp