

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.

APPLIC	ANT INFORMATION				
	fice/board/commission applying for?	30ard of El	thics		
Last Name	Daley	First Margara	M.I.	A	
Current Street Address	1344 W.1112m St	Street		Apartment/ Unit #	
City	RIVER Forest	State 1 L	ZIP	60305	
Phone	312-933-3609	E-mail Peg	pydale	yeatt net	
How long have you lived at your current address?					
Do you have multiple residences in Cook County? YES NO					
addresse	lease list your other es and which address orimary address:		to tout		

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 X
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 1	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 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	NO [
Under penalties of perjury, I state that, to the best of my knowledge, the contained in this application is true, correct and complete. Applicant's Name: Applicant's Signature: Date:	information	
Subscribed and sworn before me this 25 day of hor		0/5
Notary Pu	FFICIAL SEAL AMMY FRASZ Iblic:- State of Illi on Expires May 2	

Notary Stamp