



**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](mailto:patrick.carey@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 Health and Hospitals System Board			
Last Name	Richardson-Lowry	First	Mary	M.I.	B.
Current Street Address	6740 South Oglesby Avenue			Apartment/ Unit #	
City	Chicago	State	IL	ZIP	60649
Phone	312 343-0404	E-mail Address	mbr1312@sbcglobal.net		
How long have you lived at your current address?				12 years	
Do you have multiple residences in Cook County?				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 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: Mary Richardson-Lowry

Applicant's Signature: Mary Richardson-Lowry

Date: 10/7/2015

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Signature: \_\_\_\_\_



Notary Stamp