

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 appointments@cookcountyil.gov

APPLIC	ANT INFORMATION									
Which of are you	Cook County Complete Count Commission									
Last Name	Vega Samuel		First	Gri	iseld	a	M.I.	[.		
Current Street Address	11 E. Adams St. (w	orsk)			Apartment/ Unit #					
City	Chicago		Sta	te	IL	ZIP 60611				
Phone	312-427-0701		E-n Ado	nail dres	SS	Gvegasamuel@maldef.org				
How long have you lived at your current a				address?		1 yr				
Do you have multiple residences in Cook				County?		YES □ NO ☑				
If yes, please list your other addresses and which address is your primary address:				6t.,	Chica	ago, IL 6061:	1 (prima	ary)		
APPOII	NTMENT INFORMATIO	N								

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 X NC) []
Under penalties of perjury, I state that, to the best of my knowledge, the i contained in this application is true, correct and complete.	nformation	
Applicant's Name:Griselda_Vega Samuel		
Applicant's Signature:		
Date:3/11/19		
Subscribed and sworn before me this 11 day of March	9 A 1	01
Subscribed and sworn before me this 11 day of 110001	,	
Notary Signature: Notary Signa	JUAN A VAZQUEZ OFFICIAL SEAL tary Public, State of Illir y Commission Expir September 12, 2021	nois es

Notary Stamp