



19-3643

**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

APPLICANT INFORMATION

Which office/board/commission
are you applying for?

Last Name	Lightford	First	Kimberly	M.I.	A.
Current Street Address	2110 S. 6th Avenue			Apartment/ Unit #	
City	Maywood	State	IL.	ZIP	60153
Phone	708-343-7444 Office 312-539-3271 Mobile	E-mail Address	statesenatorlightford@comcast.net		

How long have you lived at your current address? **13 years**

Do you have multiple residences in Cook County? YES NO ☒ x

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 NO ☒

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 ☒ 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 ☒

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

APPOINTMENT OBLIGATIONS

I have received and reviewed a copy of Article 70 of the State Officials and Employees Ethics Act (5 ILCS 430/70, et al.) and am aware of my obligations under Article 70 of the State Officials and Employees Ethics Act. YES ☒ NO

I have received and reviewed a copy of the Cook County Ethics Ordinance and am aware of my obligations under the County's Ethics Ordinance (Chapter 2, Article VII, Divisions 1-3 of the Cook County Code of Ordinances). YES ☒ NO

If appointed, I agree to cooperate with the Cook County Board of Ethics and/or Office of the Cook County Independent Inspector General in my capacity as an appointee as may be required under Article 70 of the State Officials and Employees Ethics Act 5 ILCS 430/70-20) or the Cook County Ethics Ordinance (Chapter 2, Article VII, Divisions 1-3 of the Cook County Code of Ordinances). YES ☒ NO

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 ☒ 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: **Kimberly A. Lightford**

Applicant's Signature:

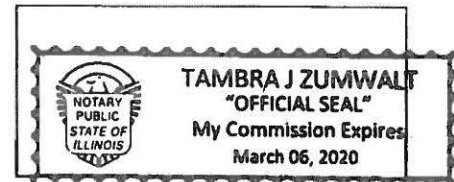
Kimberly A. Lightford

Date: **May 14, 2019**

Subscribed and sworn before me this 14th day of May, 2019

Notary Signature:

Tambra J. Zumwalt



Notary Stamp