



19-3627

**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?

Cook County Census Commission

Last
Name

McMorris

First

Lamell

M.I.

Current
Street
Address

6612 S. Cottage Grove Ave.

Apartment/
Unit #

City

Chicago

State

IL

ZIP

60637

Phone

404.643.2483

E-mail
Address

lamell@greenliningrealtysusa.com

How long have you lived at your current address?

Primary office location for 2 years

Do you have multiple residences in Cook County?

YES



NO



If yes, please list your other
addresses and which address
is your primary address:

742 E Marquette Rd, Chicago, IL 60637

1600 S Prairie Ave, Unit 2104, Chicago, IL 60616

APPOINTMENT INFORMATION

Have you received a Homeowner's Property Tax Exemption at any other YES ☐ NO ☒

address other than your primary address during the current tax year?		
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"/>

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

Lamell McMorris

Applicant's Signature:

Lamell McMorris

Date:

5/2/19

Subscribed and sworn before me this

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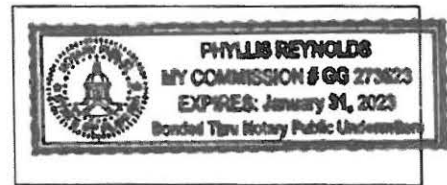
day of

May

2019

Notary Signature:

Phyllis Reynolds



Notary Stamp