DEPARTMENT OF HUMAN RIGHTS AND ETHICS
RANJIT HAKIM
EXECUTIVE DIRECTOR
69 W. Washington St. Suite 3040 ● Chicago, Illinois 60602 ● (312) 603- 1100 ● F (312) 603-9988

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ELIZABETH ANN DOODY GORMAN
17th District

December 15, 2014

Honorable Elizabeth Gorman
Commissioner, 17th District
Cook County Board of Commissioners
118 North Clark Street, Room 567
Chicago, Illinois 60602

Dear Commissioner Gorman:

In accordance with the Ordinance Adopting Guidelines for the Expenditure and Reimbursement of Contingency Funds for Cook County Commissioners (Cook County Ordinance 09-O-32), as amended on May 1, 2012, I have reviewed your October 2014 Contingency Account Expense Report, Reimbursement Requests, and supporting documentation submitted on November 20, 2014.

I have approved, signed, and forwarded the 29C form (and supporting documentation) to the Office of the Comptroller for further review. As always, if you have any questions, please do not hesitate to contact me at (312) 603-1106.

Sincerely,

Ranjit Hakim
Executive Director

cc: Lawrence Wilson, Comptroller, Office of the Cook County Comptroller
Ivana Dabizljevic, Director of Financial Control, Office of the Cook County Comptroller
Matthew B. DeLeon, Secretary to the Board of Cook County Commissioners
Jamie Jones, Administrative Assistant III, Secretary to the Board

COOK COUNTY BOARD OF COMMISSIONERS
CONTINGENCY ACCOUNT EXPENSE REPORT FOR:

October 1 - 31 , 2014

Commissioner: Elizabeth "Liz" Doody Gorman **District** 17

1. **ATTENDANCE AT MEETINGS AND EVENTS IN THE PERFORMANCE OF OFFICIAL DUTIES (HELD BY OTHERS)**

   a. Meals (if constituents are involved, Specify; generally, topics discussed) ***Alcoholic beverages should not be purchased with contingency funds.** $ 257.65

   b. Cost for meetings and events in the performance of official duties (e.g. cost of tickets or admission fee) _____

   c. Other Costs (specify; must be for attendance at event and not for general promotion of organization) _____

2. **TRAVEL AND TRANSPORTATION EXPENSE FOR COUNTY FUNCTIONS, MEETINGS AND DUTIES**

   a. Fuel/Usage (at current mileage rate) *Cannot* be for both fuel and mileage. _____

   b. Parking Fees/Tolls _____

   c. Financing Costs of Official Vehicle (is this vehicle used exclusively for official duties or % of use for County business) _____
   Reimbursement for partial car payment for vehicle used by Commissioner in connection with officials duties [based on the percentage of vehicle useage attributable to County business [log attached].

   d. Fare (specify air, bus, train, etc.) _____

   e. Public Transit, Taxi, Livery (Specify to, from) _____

3. **EDUCATION PROGRAMS RELATED TO COUNTY GOVERNMENT (ENROLLED IN BY YOU).** Brief description of how course is related to government finance or other functions of county government.

   a. Tuition $451.64
   Reimbursement for loan for education program [MBA-University of Notre Dame] for topics associated with the functions of County government [synopsis attached] completed.
   b. Fees
   c. Books

4. **PERIODICALS AND PUBLICATIONS RELATED TO OFFICIAL DUTIES.**

   a. Other Materials (specify)
   b. Newspapers _____

c. Journals
d. Magazines
e. Books
f. Electronic Subscriptions
g. Other (specify)

5. **MEMBERSHIP FEES FOR COMMUNITY OR CIVIC ORGANIZATIONS**

(Specify the organization)

6. **COSTS DIRECTLY RELATED TO THE PROVISION OF COUNTY CONSTITUENT SERVICES (BY YOUR OFFICE)** (specify) (if constituents are involved, specify generally topics discussed)

7. **I HAVE NOT ACCEPTED CONTINGENCY FUNDS FOR THE PERIOD**

_____ **to** _____

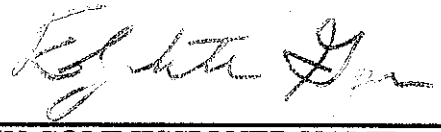
8. **I HAVE ACCEPTED CONTINGENCY FUNDS FOR THE PERIOD**

_____**to**_____**, but I HAVE NOT USED THEM DURING THIS REPORTING PERIOD.**

For all categories, please attach the following documents in support of the above list of expenditures. All documents must be legible. Where it is indicated, please specify the additional necessary information on the attached documents.

a. Mileage Logs
b. Fuel Receipts
c. Copies of Travel Documents
d. Copies of Cancelled Checks
e. Course Description for Qualified Educational Progress
f. Expense Receipts (specify whether the expense receipts for meals fall under number 1a or 6)

PRINT COMMISSIONER NAME & DISTRICT
ELIZABETH "LIZ" DOODY GORMAN – 17th District



SIGN COMMISSIONER NAME

November 12, 2014
DATE

PREPARED BY

DATE