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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17th District

January 13, 2015

Honorable Joan P. Murphy
Commissioner, 6th District
Cook County Board of Commissioners
118 North Clark Street, Room 567
Chicago, Illinois 60602

Dear Commissioner Murphy:

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 July 2014 Contingency Account Expense Report, Reimbursement Requests, and supporting documentation submitted on December 12, 2014.

I have approved, signed, and forwarded the 29C form (and supporting documentation) to the Office of the Comptroller for further review and processing.

Please ask your staff to submit your contingency fund reimbursement requests on a monthly or quarterly basis. Cook County Code of Ordinance ("County Code"), § 34-40(c)(4) ("Within 30 days of the end of each quarter of the County's fiscal year, or within each month of said quarter at the option of each Commissioner, Commissioners shall submit an expenditure report and supporting documentation[.]"). The next quarter ends February 28, 2014. Going forward, I will be unable to approve contingency fund reimbursement requests for expenses incurred more than one quarter prior to the date of the request.

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:

Commissioner Joan Patricia Murphy
6th District
July 1, 2014 - July 31, 2014

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

   a. Meals (provide general detail as to how these costs are related to constituent services or official duties) 0

   b. Cost for meetings and events (e.g., cost of tickets or admission fee) $ 90.00

   c. Other costs (specify; cannot be for general promotion of an organization) 0

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

   a. Fuel/Usage (automobile)
   (usage at current mileage rate, cannot seek reimbursement for both fuel and usage) 0

   b. Parking Fees/Tolls 0

   c. Financing Costs of Vehicle
   (reimbursement for percentage attributable to official Cook County use only) 0

   d. Fare (specify air, bus, train, etc.) 0

   e. Public Transit 0

   f. Taxi 0

   g. Livery 0

3. **PRE-APPROVED EDUCATIONAL EXPENSES DIRECTLY RELATED TO COUNTY GOVERNMENT (ENROLLED IN BY YOU)**

a. Tuition 0

b. Fees 0

c. Books 0

d. Other Materials (specify) 0

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

a. Newspapers 0

b. Journals 0

c. Magazines 0

d. Books 0

e. Electronic Subscriptions 0

f. Other (specify) 0

5. **MEMBERSHIP FEES FOR COMMUNITY OR CIVIC ORGANIZATIONS** (specify organization) 0

6. **OTHER OSTS DIRECTLY RELATED TO THE PROVISION OF COUNTY CONSTITUENT SERVICES (BY YOUR OFFICE)** (specify type of service/program - generally, type of service/activity provided or engaged in) 0

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

_____ to _____.

Total $ 90.00

July 2014
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Substantiating Documentation

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 necessary information on the attached documents.

- **a.** Executed mileage logs
- **b.** Fuel receipts
- **c.** Copies of travel documents
- **d.** Copies of cancelled checks, redacted bank/credit card statements which indicate proof of payment, and what payment was for
- **e.** Course/program/workshop description for pre-qualified educational programs and verification of completion or attendance, or passage, if applicable
- **f.** Detailed receipts (if for meals, specify whether the receipts for meals fall under number 1a or 6)

JOAN PATRICIA MURPHY - 6th District
PRINT COMMISSIONER NAME & DISTRICT

SIGN COMMISSIONER NAME

11/30/14
DATE

Dolores M Gaughan
PREPARED BY

11/30/14
DATE