

RANJIT HAKIM

EXECUTIVE DIRECTOR

69 W. Washington St. Suite 3040 • Chicago, Illinois 60602 • (312) 603-1100 • F (312) 603-9988

February 18, 2014

Honorable Timothy O. Schneider
 Commissioner, 15th District
 Cook County Board of Commissioners
 118 North Clark Street, Room 567
 Chicago, Illinois 60602

Dear Commissioner Schneider:

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 revised Contingency Account Expense Report submitted on February 14, 2014, Reimbursement Request, and supporting documentation for the period covering May 1, 2013 to November 30, 2013.

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

If you have any questions, 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
 Timothy Kinsella, Director of Financial Controls, Office of the Cook County
 Comptroller
 Matthew B. DeLeon, Secretary to the Board of Cook County Commissioners

**TONI PRECKWINKLE**

PRESIDENT

Cook County Board
of Commissioners

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PETER N. SILVESTRI

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BRIDGET GAINER

10th District

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11th District

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JEFFREY R. TOBOLSKI

16th District

ELIZABETH ANN DOODY GORMAN

17th District

COOK COUNTY BOARD OF COMMISSIONERS
CONTINGENCY ACCOUNT EXPENSE REPORT FOR:

June 1, 2013-November 31, 2013

Commissioner: Timothy O Schneider District 15

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.**

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. 2607.8 miles @ \$0.555/mi=\$1447.33

b. Parking Fees/Tolls _____

c. Financing Costs of Official Vehicle (is
this vehicle used exclusively for official
duties or % of use for County business) _____

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 _____
- 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)

\$250.92 (cost associated with Sister Cities International Visit)
\$212.91 (cost associated with annual fishing derby/Arlington Anglers)
\$8.46 (bottled water for annual fishing derby)

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
District

X

SIGN COMMISSIONER NAME

2/12/14

DATE

PREPARED BY

DATE