



DEPARTMENT OF HUMAN RIGHTS AND ETHICS

RANJIT HAKIM

EXECUTIVE DIRECTOR

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TONI PRECKWINKLE

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17th District

August 20, 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 (Cook County Ordinance 12-O-20), I have reviewed your revised Contingency Account Expense Report for the period covering December 1, 2014 to June 30, 2014, Reimbursement Request, and supporting documentation submitted on August 20, 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 extend my gratitude to your staff for quickly providing me with additional information about mileage entries submitted with your original request on July 28, 2014 to show their relation to “[t]ravel and transportation expenses for County functions, meetings and duties.” Cook County Code of Ordinance (“County Code”), § 34-40(c)(1)(b). This audit process helps to ensure that contingency funds are expended only as permitted by law and are not used as, *inter alia*, additional personal income or to reimburse “[t]ravel or transportation expenses to political or fundraising events.” *Id.* at §§ 34-40(c)(2)(a), (c)(3).

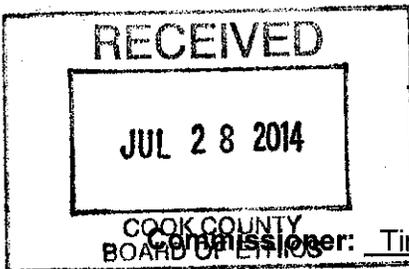
I strive to complete my portion of this audit within 14 days of receipt of a reimbursement request. It would greatly assist me in meeting that target if going forward your staff could submit contingency fund reimbursement requests on a quarterly or monthly basis. *See id.* at §§ 34-40(c)(4) (“Within 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[.]”).

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 Controls, Office of the Cook County Comptroller
Matthew B. DeLeon, Secretary to the Board of Cook County Commissioners



**COOK COUNTY BOARD OF COMMISSIONERS
CONTINGENCY ACCOUNT EXPENSE REPORT FOR:**

December 1, 2013-June 30, 2014

COOK COUNTY BOARD OF COMMISSIONERS: 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. 2239 miles @ \$0.555/mi=\$1,242.64
- b. Parking Fees/Tolls \$46 (see attached receipts)
- 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)

\$980.00 (postage for constituent/office correspondence)

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



SIGN COMMISSIONER NAME

DATE

PREPARED BY

DATE