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PRESIDENT, COOK COUNTY
BOARD OF COMMISSIONERS

MARYNIC U. FOSTER
EXECUTIVE DIRECTOR



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COOK COUNTY BOARD OF ETHICS

69 W. WASHINGTON STREET, SUITE 3040
CHICAGO, ILLINOIS 60602
312/603-4304 OFFICE
312/603-3760 FAX 312/603-1101 TT/TDD

January 2, 2013

Honorable Peter Silvestri
Commissioner, 9th District
Cook County Board of Commissioners
118 North Clark Street, Room 567
Chicago, IL 60602

Dear Commissioner Silvestri:

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 Contingency Account Expense Reports, Reimbursement Requests, and supporting documentation for the 3rd and 4th quarters of 2012. I have approved, signed, and forwarded the 29C forms to the Office of the Comptroller for payment.

Attached please find a copy of the approved 29C forms.

If you have any questions, do not hesitate to contact me at (312) 603-1106.

Sincerely,

A handwritten signature in cursive script that reads "MaryNic U. Foster".

MaryNic U. Foster
Executive Director

cc: Reshma Soni, Comptroller, Office of the Cook County Comptroller
Timothy Kinsella, Office of the Cook County Comptroller
Matthew B. DeLeon, Secretary to the Board of Cook County Commissioners ✓

- 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
Peter Silvestri, 9th District



SIGN COMMISSIONER NAME

12/12/12

DATE

Peter Silvestri

PREPARED BY

12/12/12

DATE