COOK COUNTY BOARD OF COMMISSIONERS
CONTINGENCY ACCOUNT EXPENSE REPORT FOR:

Month of July of Fiscal Year 2012

Commissioner: Deborah Sims **District** 5

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.** $39.57

   b. Cost for meetings and events in the performance of official duties (e.g. cost of tickets or admission fee) 0

   c. Other Costs (specify; must be for attendance at event and not for general promotion of organization) 0

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. $142.79

   b. Parking Fees/Tolls 0

   c. Financing Costs of Official Vehicle (is this vehicle used exclusively for official duties or % of use for County business) 0

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

   e. Public Transit, Taxi, Livery (Specify to, from) 0

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 0
   b. Fees 0
   c. Books 0

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

   a. Other Materials (specify)
   b. Newspapers 0
   c. Journals 0
   d. Magazines 0
   e. Books 0

f. Electronic Subscriptions 0
g. Other (specify)

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

(Specify the organization) 0

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

Deborah J

SIGN COMMISSIONER NAME

8/27/12

DATE

_____

PREPARED BY

_____

DATE