

**COOK COUNTY BOARD OF ETHICS  
GIFT DISCLOSURE FORM**

---

Under the Cook County Ethics Ordinance, all Cook County officials, board or commission appointees and employees must disclose the receipt of certain gifts to the Board of Ethics. This form is to be used for disclosing gift information. If you have received a gift that must be disclosed, you must complete and file this disclosure form with the Cook County Board of Ethics within ten (10) business days of receiving the gift. Failure to file is a violation of the Cook County Ethics Ordinance. Please contact the Board of Ethics with any questions about the gift ban or gift disclosure forms.

**A. RECIPIENT INFORMATION**

Name of Recipient: \_\_\_\_\_

If Recipient is not a County official, board or commission appointee or employee, name of spouse or family member who is a County official, appointee, or employee ("Indirect Recipient"): \_\_\_\_\_

County title or position of Recipient or Indirect Recipient: \_\_\_\_\_

County department/agency/board/commission of Recipient or Indirect Recipient: \_\_\_\_\_

County office address of Recipient or Indirect Recipient: \_\_\_\_\_

County office phone number of Recipient or Indirect Recipient: \_\_\_\_\_

County email address of Recipient or Indirect Recipient: \_\_\_\_\_

**B. DONOR INFORMATION**

Name of Donor: \_\_\_\_\_

Occupation and Employer of Donor: \_\_\_\_\_

Address of Donor: \_\_\_\_\_

Phone number of Donor: \_\_\_\_\_ Email address of Donor: \_\_\_\_\_

**C. GIFT INFORMATION**

Description of Gift: \_\_\_\_\_

Date of receipt of Gift: \_\_\_\_\_

*Disclosure to the Board of Ethics must be made within ten business days of receipt.*

Value of Gift: \$ \_\_\_\_\_

*Attach supporting documents, e.g., a receipt, written verification by Donor, or other basis for estimated market value.*

**D. IF GIFT RECEIVED IN CONNECTION WITH PARTICIPATING IN AN EVENT**

*Please attach brochures, invitations, agenda, program books or other relevant information.*

Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Sponsoring Organization(s): \_\_\_\_\_

Purpose of Event: \_\_\_\_\_

Subject of presentation (if applicable): \_\_\_\_\_

**E. USE OR DISPOSITION OF GIFT** *Please check all that apply and provide related information where needed.*

Gift will be retained/used by Recipient or Indirect Recipient. If relevant, please identify which exception to the gift ban applies to acceptance of the gift. *See Ethics Ordinance, § 574(b) (Cook County Code of Ordinances, Part I, Chapter 2, Article VII, Division 2, Subdivision II, Section 574).*

Gift or amount of money equal to the value of the Gift has been donated to a non-profit or charitable organization exempt from income taxation under Section 501(c)(3) of the Internal Revenue Code. *Please attach supporting documentation, including the receipt or acknowledgement of the donation from the 501(c)(3) organization.*

Name of Organization: \_\_\_\_\_ Date of Donation: \_\_\_\_\_

Donation Contact Person at Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Gift has been returned to Donor. *Please attach supporting documentation (e.g., a letter accompanying the return of Gift or acknowledgement from Donor that the gift was returned).*

Date of Return of Gift: \_\_\_\_\_

Recipient has paid/reimbursed the donor for the market value of the gift. *Please attach supporting documentation, including the receipt of payment.*

Date of Payment: \_\_\_\_\_

**VERIFICATION:** To the best of my knowledge, the information I have provided on this gift disclosure form is accurate and complete. I acknowledge that an inaccurate or incomplete disclosure is punishable by law, including but not limited to fines.

\_\_\_\_\_  
Signature of Recipient

\_\_\_\_\_  
Date

**SUBMIT COMPLETED FORM TO:** Cook County Board of Ethics  
69 West Washington Street, Suite 3040, Chicago, Illinois 60602  
Office (312) 603-4304 – Fax (312) 603-9988  
CookCounty.Ethics@cookcountyil.gov