



In the space below briefly describe or list the following: any previous experience on other Committees; your educational background; your skills and experience you could contribute to a Committee; any of your professional licenses and/or designations and indicate how long you have held them and whether they are effective in Leon County; any charitable or community activities in which you participate; and reasons for your choice of the Committee indicated on this Application. Please attach your resume, if one is available.

Have supported county committees as staff with the TLC PD; 25 years experience in planning, including 2 years as a transportation planner and 2 years as a research faculty in transportation matters; currently supervise the transportation planner at DCA and supervised the transportation planner at TLC PD; have served on non-profit volunteer committees as member and chair / executive for over 20 years.

References (you must provide at least one personal reference who is not a family member):

Name: Cherie Horne Telephone: \_\_\_\_\_

Address: TLC PD, North Macomb St., TLH

Name: Greg Burke Telephone: \_\_\_\_\_

Address: Cap. Region Trans. Planning Agency, City Hall, 300 S. Adams TLH

**IMPORTANT LEGAL REQUIREMENTS FOR ADVISORY COMMITTEE MEMBERSHIP**

AS A MEMBER OF AN ADVISORY COMMITTEE, YOU WILL BE OBLIGATED TO FOLLOW ANY APPLICABLE LAWS REGARDING GOVERNMENT-IN-THE-SUNSHINE, CODE OF ETHICS FOR PUBLIC OFFICERS, AND PUBLIC RECORDS DISCLOSURE. THE CONSEQUENCES OF VIOLATING THESE APPLICABLE LAWS INCLUDE CRIMINAL PENALTIES, CIVIL FINES, AND THE VOIDING OF ANY COMMITTEE ACTION AND OF ANY SUBSEQUENT ACTION BY THE BOARD OF COUNTY COMMISSIONERS. IN ORDER TO BE FAMILIAR WITH THESE LAWS AND TO ASSIST YOU IN ANSWERING THE QUESTIONS BELOW, YOU MUST COMPLETE AN ORIENTATION BEFORE YOUR APPLICATION IS DEEMED COMPLETE.

- Have you completed the Orientation?  Yes  No
- Are you willing to complete a financial disclosure form, if applicable?  Yes  No
- Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee?  Yes  No If yes, from whom? \_\_\_\_\_
- Do you anticipate that you would be a stakeholder with regard to your participation on a Committee?  Yes  No
- Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts?  Yes  No If yes, please explain \_\_\_\_\_
- Do you or your employer, or your wife or child or their employers, do business with Leon County?  Yes  No If yes, please explain \_\_\_\_\_
- Do you have any employment or contractual relationship with Leon County that would create a continuing or frequently recurring conflict with regard to your participation on a Committee?  Yes  No If yes, please explain \_\_\_\_\_

All statements and information provided in this application are true to the best of my knowledge.

Signature: Craig Diamond

Please return Application to  
Christine Coble, Agenda Coordinator  
Leon County Board of County Commissioners  
301 South Monroe Street  
Tallahassee, FL 32301