

# ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

<p>It is the applicant's responsibility to keep the information on this form current.                  To advise the County of any changes please contact Christine Coble                  by telephone at 606-5300 or by e-mail at CobleC@leoncountyfl.gov</p> <p>Applications will be discarded if no appointment is made after two years.</p>		
Name: Fred Breeze		Date: 2/11/10
Home Phone: 668-1870	Work Phone: NA	Email: f.breeze@embarqmail.com
Occupation: Attorney (Retired)	Employer: NA	
Please check box for preferred mailing address.		
Work Address:		
City/State/Zip:		
Home Address 6937 McBride Point		
City/State/Zip: Tallahassee, FL 32312		
Do you live in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you live within the City limits? Yes <input checked="" type="checkbox"/> No		
Do you own property in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it located within the City limits? Yes <input checked="" type="checkbox"/> No		
For how many years have you lived and/or owned property in Leon County? 30 years		
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference: Bannerman Road Corridor Study		
1st Choice: Citizen's Advisory Committee 2nd Choice: _____		
If not interested in any specific Committee(s), are you interested in a specific subject matter? If yes, please check those areas in which you are interested, or describe other areas not listed:		
Human Services __ Housing __ Health Care __ Science __ Library Services __ Growth Management __ Tourist Development __ Transportation __ Bicycle/Pedestrian __ Parks & Recreation __ Code Enforcement __ Other Areas _____		
Have you served on any previous Leon County committees? Yes <input checked="" type="checkbox"/> No		
If Yes, on what Committee(s) have you served? _____		
How many days per month would you be willing to commit for Committee work? 1 2 to 3 <input checked="" type="checkbox"/> 4 or more		
And for how many months would you be willing to commit that amount of time? 2 3 to 5 <input checked="" type="checkbox"/> 6 or more		
What time of day would be best for you to attend Committee meetings? <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night		
<p>(OPTIONAL) Leon County strives to meet its goals, and those contained in various federal and state laws, of maintaining a membership in its Advisory Committees that reflects the diversity of the community. Although strictly optional for Applicant, the following information is needed to meet reporting requirements and attain those goals.</p> Race: <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other  Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Age: 66 Disabled? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Persons needing a special accommodation to participate in an Advisory Committee should contact Christine Coble by telephone at 606-5300 or e-mail at CobleC@leoncountyfl.gov		

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.

BS in Mathematics and JD Law Degree  
Florida Bar Member for 30 years. Effective in Leon County.  
Primary work experience was in the Florida Legislature as Chief of Staff for the House of Representatives, Executive Director of the Joint Legislative Management Committee and Staff Director for the House Committees on Judiciary, Natural Resources and Rules and Calendar.  
Board of Directors for Lake McBride Property Owners Association.  
President of Apalachee Land Conservancy.  
Phipps Park Advisory Committee.  
As a Board member of the Lake McBride Property Owners Association, I am interested in the Bannerman Road Study since transportation decisions will potentially impact property owners in the area as well as Lake McBride which serves as the headwaters for the Lafayette Drainage Basin.

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

Name: Rick Kearney Telephone: 219-5223  
Address: Mainline Information Systems  
1700 Summit Lake Drive, Tallahassee 32317

Name: Charles Pattison Telephone: 222-6277  
Address: 1000 Friends of Florida  
926 E. Park Avenue, Tallahassee 32314

**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 spouse 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: 