

## ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

<p style="text-align: center;">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 style="text-align: center;">Applications will be discarded if no appointment is made after two years.</p>		
Name: Michael Kramer		Date: 12/10/2008
Home Phone: 906 0458	Work Phone: 544 0503	Email: mkramer05@comcast.net
Occupation: Administrator		Employer: Desloge Home Oxygen
Please check box for preferred mailing address.		
<input checked="" type="checkbox"/> Work Address: 2510 Miccosukee Rd Suite 101 City/State/Zip: Tallahassee, FL 32308		
<input checked="" type="checkbox"/> Home Address 3661 Letitia Lane City/State/Zip: Tallahassee, FL 32312		
Do you live in Leon County? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, do you live within the City limits? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Do you own property in Leon County? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, is it located within the City limits? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
For how many years have you lived and/or owned property in Leon County? <u>12</u> years		
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference		
1st Choice: Civic Center Authority 2nd Choice: Research & Development Authority 3 <sup>rd</sup> Choice: Investment Oversight Committee		
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 <input checked="" type="checkbox"/> Science ___ Library Services ___ Growth Management <input checked="" type="checkbox"/> Tourist Development ___ Transportation ___ Bicycle/Pedestrian ___ Parks & Recreation ___ Code Enforcement ___ Other Areas _____		
Have you served on any previous Leon County committees? <input checked="" type="checkbox"/> 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? <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 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? <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 to <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 checked="" type="checkbox"/> Night		

(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.

Race:  Caucasian  African American  Hispanic  Asian  Other  
Sex:  Male  Female Age: 42 Disabled?  Yes  No

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@mail.co.leon.fl.us

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.

Current COO – Desloge Home Oxygen 2005  
Former CFO/COO – Walls Industries 2000 - 2005  
Former CFO – Super Lube 10-Minute Oil Change 1996 - 2000  
Former Manager – Arthur Andersen & Company 1992 - 1996

University of Texas at Austin – MBA 1992, Georgia Institute of Technology – BCE 1988, MSCE 1990

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

Name: Bryan Desloge Telephone: 850 841 9285  
Address: 2510 Miccosukee Rd, Tallahassee, FL 32308

Name: John Lewis Telephone: 850 222 9730  
Address: 401 E Virginia, Tallahassee, FL 32301

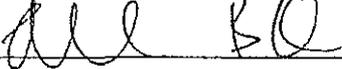
**IMPORTANT LEGAL REQUIREMENTS FOR ADVISORY COMMITTEE MEMBERSHIP**

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: 

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