

# ADVISORY COMMITTEE APPLICATION FOR BOA

Attachment # 5  
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<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: Jep Larkin		Date: 3/12/2010
Home Phone: 850-385-0761	Work Phone: 850-402-8450	Email: jeplarkin@comcast.net
Occupation: <i>Controller</i>	Employer: Capital City Bank Group, Inc.	
<p>Please check box for preferred mailing address.</p> <p>Work Address: 1828-1 West Tennessee Street</p> <p>City/State/Zip: Tallahassee, Florida 32304</p>		
<p><input checked="" type="checkbox"/> Home Address: 6315 Mallard Trace Drive</p> <p>City/State/Zip: Tallahassee, Florida 32312</p>		
<p>Do you live in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you live within the City limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>For how many years have you lived and/or owned property in Leon County? <u>23</u> years</p>		
<p>Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference</p> <p>1st Choice: <u>Audit Advisory Committee</u> 2nd Choice: _____</p>		
<p>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:</p> <p>Human Services ___ Housing ___ Health Care ___ Science ___ Library Services ___ Growth Management ___          Tourist Development ___ Transportation ___ Bicycle/Pedestrian ___ Parks &amp; Recreation ___          Code Enforcement ___          Other Areas _____</p>		
<p>Have you served on any previous Leon County committees? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If Yes, on what Committee(s) have you served? _____</p>		
<p>How many days per month would you be willing to commit for Committee work? 1 <input type="checkbox"/> 2 to 3 <input type="checkbox"/> <input checked="" type="checkbox"/> 4 or more</p> <p>And for how many months would you be willing to commit that amount of time? 2 <input type="checkbox"/> <input checked="" type="checkbox"/> 3 to 5 <input type="checkbox"/> 6 or more</p> <p>What time of day would be best for you to attend Committee meetings? Day <input type="checkbox"/> Night <input checked="" type="checkbox"/></p>		
<p><i>(OPTIONAL)</i> 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> <p>Race: <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other</p> <p>Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Age: <u>46</u> Disabled? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>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</p>		

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.

Florida State University: BS-Economics, MBA-Finance, Working Toward CPA License  
Certified Internal Auditor Certificate  
Certified Information Systems Auditor Certificate

Capital City Bank Group, Inc.:  
Controller, Senior Vice President – 10/2002 – Present  
General Auditor – 10/1992 – 10/2002  
Senior Auditor – 10/1988 – 10/1992  
Staff Auditor – 10/1986 – 10/1988

The primary reason I would like to begin more active volunteerism is to begin giving back to a community that has given so much to me during my time living here. I believe with my educational and professional background will allow me to provide value to this committee and I will enjoy this type of work.

I am very familiar with the current audit and governance environment and have taken a special interest over the past few years to how our government works and makes a difference.

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

Name: WILLIAM G. SMITH, JR Telephone: 402-7810

Address: 217 NORTH MONROE STREET, TALLAHASSEE, FLORIDA 32303

Name: RICK CARROLL Telephone: 877-1099

Address: 2640 MITCHAM DRIVE, TALLAHASSEE, FLORIDA 32308

**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 -- Leon County has a deposit account at the Company I am employed by

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