

From: <stanp105@aol.com>
To: "coblec@leoncountyfl.gov" <coblec@leoncountyfl.gov>
Date: 2/9/11 10:37 PM
Subject: Position opening

I was interested in applying for the position that has opened on the bannerman rd study committee. I'm a life long citizen of Leon County. I am a homeowner on lake mcbride. I am a part owner of The Hour Glass. And an elected Supervisor to the Ochlocknee River Soil and Water Conservation District.

Thank you,
Stan Peacock

ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

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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 Applications will be discarded if no appointment is made after two years.</p> | |  |
| Name: Stan Peacock | | Date: 02/10/2011 |
| Home Phone: 850-893-7681 | Work Phone: 850-893-4005 | Email: Stanp105@aol.com |
| Occupation: Optometrist | Employer: The Hour Glass | |
| Please check box for preferred mailing address. | | |
| <input type="checkbox"/> Work Address: 1480 Timberlane Road | | |
| City/State/Zip: Tallahassee/FL/32312 | | |
| <input type="checkbox"/> Home Address 6992 Duck Cove Rd | | |
| City/State/Zip: Tallahassee/FL/32312 | | |
| Do you live in Leon County? <input checked="" type="checkbox"/> Yes If yes, do you live within the City limits? <input checked="" type="checkbox"/> No | | |
| Do you own property in Leon County? <input checked="" type="checkbox"/> Yes If yes, is it located within the City limits? <input checked="" type="checkbox"/> Yes | | |
| For how many years have you lived in and/or owned property in Leon County? <u>53</u> years | | |
| Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference | | |
| 1st Choice: <u>Bannerman Road Corridor Study CAC</u> 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: | | |
| Culture and Arts ___ Environmental/ Growth Management ___ Health Care ___ Human Relations ___ | | |
| Human Services ___ Housing ___ Library Services ___ | | |
| Other Areas _____ | | |
| Have you served on any previous Leon County committees? <input type="checkbox"/> Yes | | |
| If Yes, on what Committee(s) have you served? <u>Numerous Committee's with the Leon County School Board</u> | | |
| How many days per month would you be willing to commit for Committee work? <input type="checkbox"/> 2 to 3 | | |
| And for how many months would you be willing to commit that amount of time? <input type="checkbox"/> 6 or more | | |
| What time of day would be best for you to attend Committee meetings? <input 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: <input type="checkbox"/> Caucasian | | |
| Sex: <input type="checkbox"/> Male Age: <u>53</u> Disabled? <input type="checkbox"/> No | | |
| District <u>4</u> | | |
| 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.

Have lived and owned property on Lake McBride for 25 years. Licensed Optometrist, and businessperson in Leon County employing 120 people. Have set on 3 rezoning committees with Leon County School Board, as well as 7 years on the District Advisory Council, Killlearn Lakes Elementary School Advisory Council Board and Board Chairman, Deer Lake SAC and DAC. Committee that named Chiles High School, Committee that interviewed and recommended Chiles High School first principal. Chiles High Booster. Young Actors Studio. Leon County Cleanup days of area lakes. Urban League. Neighborhood healthcare professional provider. Was elected Supervisor November 2010 Ochlocknee River Soil and Water Conservation District.

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

Name: James A. Stephens, O.D. Telephone: 850-893-4005
Address: The Hour Glass, 1480 Timberlane Rd, Tallahassee, FL, 32312

Name: Josh Trafton, O.D. Telephone: 850-893-4005
Address: The Hour Glass, 1480 Timberlane Rd., Tallahassee, FL, 32312

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 FOLLOWING QUESTIONS, YOU MUST COMPLETE THE ORIENTATION PUBLICATION www.leoncountyfl.gov/bcc/committees/training.asp BEFORE YOUR APPLICATION IS DEEMED COMPLETE.

- Have you completed the Orientation? Yes
- Are you willing to complete a financial disclosure form and/or a background check, if applicable? Yes
- Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee? No Yes, from whom? _____
- Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? No
- Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts? No Yes, please explain _____
- Do you or your employer, or your spouse or child or their employers, do business with Leon County? 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? No
- If yes, please explain _____

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

Signature: Stan Peacock

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

by email: coblec@leoncountyfl.gov