

ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

**It is the applicant's responsibility to keep this information 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.

Name: Carlos Rey		Date: 13-Aug-2014
Home Phone: (305) 905-3028	Work Phone: (850)245-6515X	Email: carlosrey.jd@gmail.com
Occupation: ATTORNEY		Employer: FLORIDA DEPARTMENT OF STATE
Preferred mailing location: Work Address Work Address: 500 S. BRONOUGH STREET		
City/State/Zip: TALLAHASSEE FL 32399		
Home Address 2020 CONTINENTAL AVE APT. 202		
City/State/Zip: TALLAHASSEE FL 32304		
Do you live in Leon County? Yes If yes, do you live within the City limits? Yes		
Do you own property in Leon County? Yes If yes, is it located within the City limits? Yes		
For how many years have you lived in and/or owned property in Leon County? 7.00 years		
Are you currently serving on a County Advisory Committee? No If yes, on what Committee(s) are you a member?		
Have you served on any previous Leon County committees? No If yes, on what Committee(s) are you a member?		
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference 1st Choice: Adjustment and Appeals Board 2nd Choice:		
What cultural arts organization do you represent, if any?		
If not interested in any specific Committee(s), are you interested in a specific subject matter? If yes, please note those areas in which you are interested:		
<u>If you are appointed to a Committee, you are expected to attend regular meetings.</u>		
How many days permonth would you be willing to commit for Committee work? 2 to 3		
And for how many months would you be willing to commit that amount of time? 6 or more		
What time of day would be best for you to attend Committee meetings? Day, 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: Hispanic	Sex: Male	Age: 35
Disabled? No	District: District 2	

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.

I SERVED ON THE CITY OF TALLAHASSEE MUNICIPAL CODE BOARD FOR 6 YEARS (2007-2013) SERVING AS ITS CHAIRMAN FOR 2 TERMS. SINCE STEPPING DOWN FROM BOARD, I HAVE SERVED AS A CODE MAGISTRATE FOR THE CITY OF TALLAHASSEE. I AM INTERESTED IN CONTINUING MY UNDERSTANDING OF LAND USE AND PLAYING AN ACTIVE ROLE IN GROWTH AND DEVELOPMENT OF THIS COMMUNITY.

AMONG MY VARIOUS DUTIES IN THE FLORIDA DEPARTMENT OF STATE, I ADVISE THE DEPARTMENT ON MATTERS REGARDING COMPLIANCE WITH THE SUNSHINE LAW ON ISSUES OF PUBLIC RECORDS AND PUBLIC MEETINGS.

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

Name: JORGE CHAMIZO Telephone: 850-681-0024
Address: 108 S MONROE STREET TALLAHASSEE, FL 32301

Name: HAROLD KNOWLES Telephone: 850-222-3768
Address: 3065 HIGHLAND OAKS TERR. 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 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

If 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

If 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: Carlos A. Rey

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