MARION COUNTY BOARD OF COUNTY COMMISSIONERS

APPLICATION FOR APPOINTMENT TO ADVISORY BOARD

APPLICATION DATE: April 11, 2025

BOARD NAME: Rainbow Lakes Estates Advisory Board

PERSONAL INFORMATION

Name: Pamela Spicuzza
Occupation: Retired
If Retired, previous occupation: Rainbow Lakes Community Center Supervisor
Address: 4040 SW Deepwater Ct
City: Dunnellon State: FL ZIP: 34431
Phone#: 3523225432
E-mail Address: [redacted] pspicuzza4rle@yahoo.com

MAILING ADDRESS (If different from residence):

Address: 4277 SW Evergreen Ct
City: Dunnellon State: FL ZIP: 34431

Is your address or any other personal information exempt under Florida Statute 119.70? Yes ___ No X
If yes, please submit a signed Marion County Public Records Act Exempt Form (available upon request).

What is your preferred form of communication? Phone ____ Mail ____ Email X

The following data is collected in accordance with Florida Statute, Section 760.80, for the purpose of statistical reporting and ensuring compliance with diversity and inclusion guidelines. Your responses will be kept confidential and will not affect your application.

Gender: Male ____ Female X Prefer not to disclose ___

Physically Disabled: Yes ___ No X Prefer not to disclose ___

Race: African-American ____ Native-American ____ Caucasian X Other ____
Hispanic/Latino ____ Asian -American ____ Prefer not to disclose ___

Are you a registered voter? Yes X No __

Do you own homestead property in Marion County? Yes X No ___

Are you employed by Marion County or have relatives that are Marion County employees? Yes __ No X
If yes, please provide position, department and/or relationship to County employee and their position/department

Do you currently work for an entity or agency that either receives funding from, or has a contract with the County to perform services? Yes __ No X

Are you, your spouse, or children, currently an officer, director, or partner in any entity or agency that receives funding from, or has a contract with the county? Yes __ No X

If yes, please submit a signed FORM 4a - Disclosure of Business Transaction, Relationship, or Interest. (Available upon request).

Have you been convicted (including a withholding of adjudication), pled guilty or pled to a Nolo Contendere (no contest) to a misdemeanor or felony (including a criminal traffic violation)? Yes __ No X

A 'YES' answer will not automatically disqualify you from serving on an advisory board. The nature, severity, and date of the offense will be considered in relation to the position. If unsure about the details of a criminal case, contact the relevant agency to ensure accuracy when reporting your history. Failure to do so may result in removal from the board. If you answered 'YES,' please provide details. You may use an additional sheet if needed.

WHY DO YOU DESIRE TO SERVE ON THIS/THESE BOARDS?

(Include current or previous work experience; community involvement; interests/activities)

I have lived in RLE for 43 years. I also worked there for 27 years. I care deeply for my community and want to see what is best for it.

SERVING ON OTHER BOARDS

Do you currently serve on any other boards in Florida, or are you an elected or appointed state, county (Marion County or other county) or municipal ("city") office holder? Yes __ No X

If yes, which board? _____

(Important: You may not serve on more than one (1) Substantive Board: Board of Adjustment; Code Enforcement Board; License Review Board; Land Development Regulation Commission; Historical Commission; Hospital District Board of Trustees; Housing Finance Authority; Industrial Development Authority; Tourist Development Council; Parks and Recreation Advisory Council)

Have you ever served on a City or County advisory board? Yes __ No X

If yes, when, where and which board(s)? _____

REFERENCES - Please list three (3) personal and/or business references

(PLEASE DO NOT USE COMMISSIONERS or COUNTY ADMINISTRATION STAFF as REFERENCES)

Name: Marion & Steve Christensen

Phone Number: [redacted] Email: [redacted]

Name: Kelly Dreier

Phone Number: [redacted] Email: [redacted]

Name: Kathie Bryant

Phone Number: [redacted] Email: [redacted]

INITIAL: PS I authorize Marion County to contact my references and I understand that all statements made on this application may be verified by Marion County.

INITIAL: PS I understand the responsibilities associated with being a board member, and I have adequate time to serve if appointed.

INITIAL: PS I agree to complete training within six (6) months from the date of my appointment.

INITIAL: PS I understand that submitting this application makes all provided information public record, subject to disclosure under applicable laws unless exempt under Florida Statute 119.071. I confirm the accuracy of all details provided and their suitability for public release.

By signing this application, I certify that the information I provided in this application is true and correct, and that any misstatements or material omissions on my application may result in my removal from my appointed position.

SIGN: Pamela Spicuzza DATE: April 11, 2025

PRINT: Pamela Spicuzza

RECEIVED BY BCC: MARION COUNTY BCC APR 15 2025

This application will be kept on file for a period of one year from date of receipt by the Board of County Commissioners.

RETURN FORM TO:
MARION COUNTY BOARD OF COUNTY COMMISSIONERS 601 SE 25th Avenue, Ocala, FL 34471
Or via email to: Commissionadmin@marionfl.org

PLEASE CALL THE COMMISSION OFFICE AT (352) 438-2323 IF YOU HAVE ANY QUESTIONS REGARDING YOUR APPLICATION.