## MARION COUNTY BOARD OF COUNTY COMMISSIONERS APPLICATION FOR APPOINTMENT TO ADVISORY BOARD

MARION COUNTY BCC Hebruary 9, 2025 **APPLICATION DATE:** MISTU Recreation AUG 1 3 7075 **BOARD NAME:** PERSONAL INFORMATION Name: Address: State: Florida ZIP: 34473 City: Phone#: E-mail Address: Occupation: If Retired, previous occupation: \_ PREFERRED MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE): Address: City: ZIP: 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 X Mail \_\_\_ Email \_\_\_ Are you a registered voter? Yes 🔀 No \_\_\_ Do you own homestead property in Marion County? Yes 🔀 No \_\_ Are you employed by Marion County or have relatives that are Marion County employees? Yes \_\_\_ No 🔀 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 XIf yes, please submit a signed FORM 4a - Disclosure of Business Transaction, Relationship, or Interest. 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 🗶 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) used to run the Middletown CT Special Olympics. I used to volunteer the Middlesex Area Catterin CT. I used to volunteer for the Middleser Chamber of Commerce in CT. I used to volunteer for the Relay for Lifein CT. I would like to serve on the board to help out the community and bring new ideas to the meetings.

## **SERVING ON OTHER BOARDS**

Do you currently serve on any other boards in Florida, or are you an elected or appointed state, county (Marion Count
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; Licens Review Board; Land Development Regulation Commission; Historical Commission; Hospital District Board of Trustees; Housin 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 🔀
If yes, when, where and which board(s)?
REFERENCES - Please list three (3) personal and/or business references
(PLEASE DO NOT USE COMMISSIONERS AS REFERENCES)
Name: Cheryl heist
Phone Number: 727-685-6895 Email: deside 5200 Qyahoo.com
N. D.
Name: Henry Bugai. Phone Number: 860-214-4191 Email: Henry Bugai it Wyaha. Com
Name: Succes Callegian
Name: Susan Calhoun Phone Number: 860-301-0245 Email: Sue cal@att.net
INITIAL: Ann I authorize Marion County to contact my references and I understand that all statements made on the application may be verified by Marion County.
INITIAL: $2mn$ I understand the responsibilities associated with being a board member, and I have adequate time to serve if appointed.
INITIAL: agree to complete training within six (6) months from the date of my appointment.
By signing this application, I certify that the information I provided in this application is true and correct, and the any misstatements or material omissions on my application may result in my removal from my appointed position
SIGN: Levesa Neurande PRINT: Teresa Newcombe
RECEIVED BY BCC:
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.
MARION COUNTY BCC

AUG 1 3 2025

Could you provide the missing info below so we can process the application?

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-Ame	erican Native-Ame	erican	Caucasian _x Other	
Hispanic/Latino	Asian -American	Prefe	er not to disclose	

Thank you so much!



Katy Burton

Community Manager

Municipal Services

Marion County Board of County Commissioners 2710 E. Silver Springs Blvd.

Ocala, FL 34471

Main: 352-438-2650 | Direct: 352-438-2651 | Cell: 352-299-

5099

Empowering Marion for Success!

Under Florida law, emails to our organization are public records. If you do not want your email reviewed in response to a public records request, contact this office by phone.