

#### **REPORT TO**

# Personnel and Public Employees Committee City of Sacramento

915 I Street, Sacramento, CA 95814-2604 www.cityofsacramento.org

4

<u>Discussion Calendar</u> October 18, 2011

Honorable Chair and Members of The Personnel and Public Employees Committee

Title: Review of Applications and Conduct Interviews for Animal Care Services

**Citizens Advisory Committee** 

Location/Council District: (Citywide)

**Recommendation:** Review applications and nominate candidates.

**Contact:** Katia Ligaiviu, Deputy City Clerk, (916) 808-7604, Office of the City Clerk; Kim Heckes-Martin, Administrative Officer, (916) 808-7119, Department of General

Services

Presenters: None

**Department:** City Clerk's Office / Department of General Services

Division: N/A

Organization No: 04001011

#### **Description/Analysis**

**Issue:** Review applications and/or conduct interviews to identify the most qualified candidates to nominate and forward to the Mayor for appointment.

Policy Considerations: None.

Environmental Considerations: None.

Commission/Committee Action: None.

**Rational for Recommendation:** To review applications to identify the most qualified individuals for nomination to the Mayor for appointment to the City's various advisory boards.

Financial Considerations: None.

#### Emerging Small Business Development (ESBD): None.

	Kligawin
Respectfully Submitted by:	
	Katia Ligaiviu,
	Deputy City Clerk

Recommendation Approved:

S. Muzuno

Stephanie Mizuno, Assistant City Clerk

**Table of Contents:** 

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Attachments

1 Available Positions / Applicant List pg. 3

#### **ATTACHMENT 1**

### Background:

The following applicants are under consideration for positions on city boards and commissions.

Board/Commission:	Animal Care Services Citizens Advisory Committee
Available Positions:	Two (2)
Category Description(s):	Category C: Public-at-large representing the community, and shall not be an animal care professional or affiliated with an animal welfare organization
Status of Incumbents:	Kris Liang: Resigned
	Becky Correia: Did not re-apply for another term

No.	Applicant Name	District	Category	Comments	Attendance
1	Jennifer Pokorny	3	С		Confirmed Attendance
2	Kathleen Garcia	7	С		Confirmed Attendance
3	Moira Monahan	4	С		Confirmed Attendance
4	Sam Delson	4	С		Confirmed Attendance



# City of Sacramento



#### Application for

2011 MAR - 7 P 3: 27

#### Appointment to Boards/Commissions and Committees

INSTRUCTIONS: Provide all information requested. Attachments must be single sided on 8.5 x 11 paper. If you will be representing an organization, you must include a letter from the organization recommending you as their representative. Note: All information provided on this form is a public record. **Return this completed application form to:** Office of the City Clerk, Historic City Hall, 915 | Street, Rm. 116, Sacramento, CA 95814. Tel: (916) 808-7200.

<u>IMPORTANT:</u> Letters of recommendation are <u>optional</u>. If you choose to include a letter it must be submitted as part of this application. Letters will not be accepted after your application is filed with the City Clerk's Office.

		TILL HANGE.	nimal Care Ser	vices Citi.	20110710	visory com	militee			
CATEGORY FOR WHI	CH YOU ARE	applying:	Public at-large					С		
			Description (if applicable)					Category	Letter	
☐ Name of Company/☐ Company/Organizat	Organization B ion Authorizati	eing Represent on Letter <u>Attach</u>	ed (if applicable): _ ed (if applicable to	qualification	ns of cate	јогу)				
Applicant Name: Poko	rny Last	Jennif First	fer J		E-Mail:					
Home Address:		Street,		ramento			CA	958		
	Street #	Street Name	City				State		Zip	
Mailing Address (if diffe	erent than home	e address):	Street # S	reet Name		City		State	Zìp	
Resident of City Counc	il District No: _	Three (3)	<u> </u>	usiness in	Council D	istrict No:		If Applica	able	
Home Telephone: 4	04-		E	usiness Te	lephone:			.,,		
Please state the reasor I have a genuine ir shelters over the year community and be what is going on in the harsh realities animals. Therefore positive contribution	iterest in ani ears. I recer lieve that thi the commu of an overpo , I would like	imal welfare on the moved to so would be a nity with aning the opportunity the opportunity.	given that I have Sacramento ar good way to do nal care issues. rimarily dogs ar nity to be more	rescued d would I so. It wo Living in d cultura	l all of m like a wa ould also Atlanta I differer	y to be inversely to be inversely allow me to for several acces in accessing the contraction of the contract	olved in o know years e eptable	the more xpose treati	abou ed me ment	to of
Are you currently, or ha how that service suppo				O Yes	<b>⊙</b> No	lf yes, state th	ne name (	of the g	group a	ınd

# CITY OF SACRAMENTO - APPLICATION FOR APPOINTMENT

Pokorny, Jennifer	
APPLICANT NAME	

#### **BACKGROUND INFORMATION**

You may also	attach a resun	ne reflecting experience,	community activit	ies or other qualificat	tions not listed	below that would be h	helpful
to the Council	in evaluating y	our application.					-
EDUCATION:		Emory University, At					

	2007 Emory Univ 1996-2000 University of				oscience & Anima & Social Welfare (	
WORK EXPER	RIENCE: List names, addres	ses and dates of	employment for the	he last five (5) yea	ars. Attach additional	sheets of paper if
CURRENT EN	MPLOYER:					•
FROM DATE:	5/2010	EMPLOYER NA	ME: University	of California Dav	/is,	
TO DATE:	present	ADDRESS:	Cousteau Plac	ce, Suite :	Davis City	CA State
DUTIES: Pos	stdoctoral Research Fello	w conducting re	search examinir			
PRIOR EMPL	OYER(S):					
FROM DATE:	10/1009	EMPLOYER NA	ME: <u>Agnes Sco</u>	lt College, Depa	rtment of Psycholog	ЗУ
TO DATE:	5/2010	ADDRESS: 14	1 E: College Ave	Enue Street Name	Decatur City	GA
DUTIES: Re	searcher analyzing MRI bi		ME: Face of the in-	araita. Danastus	· ·	
	5/2009			ersity, Departme	ent of Psychology Atlanta	CA
TO DATE:	0.200	ADDRESS: 36	Street #	Street Name	City	GA State
DUTIES: Gra und	aduate student conducting dergraduate psychology co	research on so ourses; Instructo	cial behavior in or for undergrad	non-human prir uate course in S	nates; Teaching Ass Sensation and Perce	istant for severa option
FROM DATE:		EMPLOYER NA	ME:			
TO DATE:		ADDRESS:	Street #			
DUTIES:			Street #	Street Name	City	State
	NTERPRISES: List busined or operated.	ss name includir	ng <u>fictitious name</u>	and address of	any business enterp	orises currently or
FROM DATE:		BUSINESS NAM	ИE:			
TO DATE:		ADDRESS:	Street #	Ctroot No	·	D) :
			Sueet#	Street Name	City	State

TYPE OF BUSINESS OR SERVICE RENDERED:

# CITY OF SACRAMENTO - APPLICATION FOR APPOINTMENT

### Pokorny, Jennifer

#### APPLICANT NAME

FROM DATE:	BUSINESS NAME	:			
TO DATE:	ADDRESS:	Street#	Street Name	City	State
TYPE OF BUSINESS OR SE	RVICE RENDERED:				·
	felony conviction is not necessar However, failure to list felony con				parately based on
	ed of a felony? If yes, please ind cact denomination of the offense r			of the conviction,	the location of the
	vil action, if any, in which punitive trial, court judgment and the loca				you, indicating in
I DECLARE, UNDER PENAL THE BEST OF MY KNOWLE	TY OF PERJURY THAT ALL STA DGE:	ATEMENTS	IN THIS APPLICATION	I ARE TRUE AND	COMPLETE TO
Signature: /s/. Jennife	r Pokorny		Date: 3/1/11		
	DISCLOSURE AND RE	GULATO	RY REQUIREMEN	<u>TS</u>	
(see announcement), the for	Conflict of Interest Disclosure - If m must be filed with the Office on and instructions. Official status	of the City C	Clerk prior to beginning	service. The City	Clerk will provide
removed if a member does	Attendance - Board/commission r not attend three consecutive re e the time necessary to fulfill your	egularly sch	eduled meetings. If a	ppointed, will you	
requirement mandated by Go	Mandatory Ethics Training - Boar overnment Code Sections 53234 60 days of appointment. Appoin raining within 60 days?	et seq. and	may be removed if pro provided with an on-lin	oof of attendance i	s not filed with the

#### **ACCOMMODATION INFORMATION**

PLEASE IDENTIFY ANY SPECIALIZED ACCOMMODATIONS NEEDED FOR EQUAL PARTICIPATION:

Back to Applicant List



### City of Sacramento

Application for

RECEIVED CITY CLERK'S OFFICE CITY OF SACRAMENTO

#### Appointment to Boards/Commissions and Committees

2011 FEB 18 A 11: 03

<u>INSTRUCTIONS</u>: Provide all information requested. Attachments must be single sided on  $8.5 \times 11$  paper. If you will be representing an organization, you must include a letter from the organization recommending you as their representative. Note: All information provided on this form is a public record. Return this completed application form to: Office of the City Clerk, Historic City Hall, 915 I Street, Rm. 116, Sacramento, CA 95814. Tel: (916) 808-7200.

<u>IMPORTANT</u>: Letters of recommendation are <u>optional</u>. If you choose to include a letter it must be submitted as part of this application. Letters will not be accepted after your application is filed with the City Clerk's Office.

BOARD / COMMIS	SSION OR COMM	HTTEE NAME: _	Animal Care	Services C	itizens Ad	visory Co	mmittee	9	
CATEGORY FOR	WHICH YOU AR	E APPLYING:	Member a	t-large				"C"	
			Description (if applic	eble)				Category	Letter
☐ Name of Comp ☐ Company/Orga	pany/Organization nization Authoriza				tions of cate	gory)	····	· · · · · · · · · · · · · · · · · · ·	
Applicant Name: _	Garcia	Kath	leen	nmn	E-Mail: _				
, apprount reality	Last	First	<del></del>	Middle			.,		
Home Address:		Surfside Way		Sacramen	ito		CA	958	
	Street #	Street Name		City			State		Zip
Mailing Address (i	f different than ho	me address):	Street #	Street Name		Citv		State	Zip
		Soven (7)	2neer#					Sidie	Σiþ
Resident of City C	Council District No:	Required	<del></del>	Business	in Council E	istrict No:	· <del>· · · · · · ·</del>	If Applicat	ble
Home Telephone:	(916)			Business	Telephone:	(916)		, , , , , , , , , , , , , , , , , , ,	
Please state the reason you would like to be a member of this board/commission (or attach):  Simply stated, my enormous love and respect for all animals and the desire to promote the safe, kind and humane treatment of all animals. To be a voice for those who don't have one. I have always wanted to participate in the formulation and recommendation of policies and programs that ensure quality care of animals. To provide the public with educational opportunities and information regarding proper and humane care of animals, and to illicit adoption as an option.  Are you currently, or have you in the past, served on an advisory group? O Yes O No If yes, state the name of the group and how that service supports your application (or attach).  N/A  Do you, or an immediate family member, have any relationship (professional, financial, other) that may present a potential conflict of interest for this advisory group? O Yes O No If yes, please explain:									
N/A	weary group:	7165 (140	n ye	s, please expl	A.E.I. II.				

previously applied 2010

Kathleen Garcia	
APPLICANT NAME	

#### **BACKGROUND INFORMATION**

	attach a resume reflectin n evaluating your applica		nunity activities o	or other qualification	s not listed below that v	vould be helpful	
EDUCATION:	Sacramento City College (pre-nursing/general Ed), Rancho Arroyo (LVN), University of California Sacramento (RN)						
WORK EXPER	RIENCE: List names, add	dresses and dates o	f employment fo	r the last five (5) yea	ars. Attach additional sh	eets of paper if	
CURRENT EM	IPLOYER:						
FROM DATE:	January 2000	EMPLOYER N	AME: DaVita ([	Dialysis) Name ch	ange from Total Rena	l Care	
TO DATE:	current	ADDRESS:	campus Co	mmons Street Name	Sacramento City	CA State	
DUTIES: Sta	ff/ charge nurse, Facility	/ Administrator (Pr	ovide direct pa	tient care, overall s	upervision and operation	on of facility	
PRIOR EMPLO	OYER(S):						
FROM DATE:	March 1996	EMPLOYER N	AME: Total Rei	nal Care			
TO DATE:	Januray 2000	ADDRESS: 3	00 University A	Venue Street Name	Sacramento City	CA State	
DUTIES: RN	/Facility Administrator	(Direct patient car	re and responsit		ation of dialysis facility.	12.4	
FROM DATE:	March 1977	EMPLOYER N	AME: New We	st Dialysis/Total R	Renal Care (acquired l	by TRC)	
TO DATE:	March 1996	ADDRESS: 30	00 University A	venue	Sacramento	CA	
DUTIES: PCT/LVN/RN/Chg RN/Facility Administrator (Patient care, supervision, administration of facility operation)							
FROM DATE:		EMPLOYER N	IAME:				
TO DATE:		ADDRESS:	Street #	Street Name	City	State	
DUTIES:				<del>anomina di Partino di</del> Assessa	teles and the telescope and		

BUSINESS ENTERPRISES: List business name including fictitious name and address of any business enterprises currently or previously owned or operated.

FROM DATE:

BUSINESS NAME:

TO DATE:

ADDRESS:

Street # Street Name City State

TYPE OF BUSINESS OR SERVICE RENDERED:

# CITY OF SACRAMENTO - APPLICATION FOR APPOINTMENT

Kathleen Garcia	
APPLICANT NAME	

FROM DATE:	BUSINESS NA	AME:			· house do to have a second and the
TO DATE:	ADDRESS: _	Street #	Street Name	City	State
TYPE OF BUSINESS OR SERVICE RE	NDERED:				
FELONY CONVICTIONS: A felony correquirements of the position. However,	viction is not nece failure to list felony	ssarily a bar to a	ppointment. Each cas result in disqualification	e is considered se on.	parately based on
Have you ever been convicted of a fel court of conviction, and the exact denoit	ony? If yes, please nination of the offer	e indicate for each	h conviction, the date onviction:	of the conviction,	the location of the
NO					
CIVIL ACTIONS: List each civil action, each instance the date of the trial, court					you, indicating in
NO					1 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
, -	ng Via E-Mail or Print, S	leen Sou	N THIS APPLICATION  -  -  -  -  -  -  -  -  -  -  -  -  -	<b>11</b>	COMPLETE TO
City Code Section 2.40.060: Conflict of (see announcement), the form must b appointees with the filing form and inst Clerk.	e filed with the Off ructions. Official st	ice of the City C tatus to serve wil	lerk prior to beginning I be delayed until the f	service. The City form is filed with the	Clerk will provide e Office of the City
City Code Section 2.40.010: Attendance removed if a member does not attend meetings regularly and devote the time	d three consecutiv	e regularly sche	duled meetings. If a	ppointed, will you	
City Resolution 2007-653: Mandatory requirement mandated by Governmen Office of the City Clerk within 60 days you be able to complete the training with the complete the complete the training with the complete	t Code Sections 53 of appointment. Ap	234 et seq. and	may be removed if proprovided with an on-lin	oof of attendance i	s not filed with the
	ACCOMM	ODATION INF	ORMATION		
PLEASE IDENTIFY ANY SPECIALIZED AC	COMMODATIONS N	IEEDED FOR EQU	AL PARTICIPATION:		
lone			··· <del>· · · · · · · · · · · · · · · · · </del>		



# City of Sacramento



#### Application for

# Appointment to Boards/Commissions and Committees \_\_ 4 8: 33

INSTRUCTIONS: Provide all information requested. Attachments must be single sided on 8.5 x 11 paper. If you will be representing an organization, you must include a letter from the organization recommending you as their representative. Note: All information provided on this form is a public record. Return this completed application form to: Office of the City Clerk, Historic City Hall, 915 I Street, Rm. 116, Sacramento, CA 95814. Tel: (916) 808-7200.

<u>IMPORTANT:</u> Letters of recommendation are <u>optional</u>. If you choose to include a letter it must be submitted as part of this application. Letters will not be accepted after your application is filed with the City Clerk's Office.

BOARD / COMMISSION OR COMMITTEE NAME:	Animal Care Services Citizens' Advis	ory Committee
CATEGORY FOR WHICH YOU ARE APPLYING:	Community	С
	Description (if applicable)	Category Letter
☐ Name of Company/Organization Being Represe ☐ Company/Organization Authorization Letter Atta		)
Applicant Name: Monahan Moi	E-Iviali.	<u> </u>
Home Address: Last Del Rio Rd.	Middle Sacramento	CA 95822
Street # Street Na		State Zip
Mailing Address (if different than home address): _	Street # Street Name (	City State Zip
Resident of City Council District No: Four (4)	Business in Council Distric	
Home Telephone: 916	Business Telephone: 91	6
I care deeply about the well-being of anir the City Animal Shelter as well as for oth throughout the Sacramento area. I norm meeting and feel that I could contribute n	er animal organizations. I am very act ally attend the Animal Care Services C	ive in spay/neuter efforts Citizens Advisory Committee
Are you currently, or have you in the past, served on the past, se		es, state the name of the group and
Do you, or an immediate family member, have an interest for this advisory group? OYes O No	relationship (professional, financial, other) th	at may present a potential conflict o

Moira	Monahan
	APPLICANT NAME

#### BACKGROUND INFORMATION

	n evaluating your applic					vould be helpful
EDUCATION.	Bachelor of Arts in	English and Spa	nish, Rutgers	College, New E	Brunswick, NJ, 1979	
WORK EXPER	RIENCE: List names, ac	dresses and dates of	f employment for	the last five (5) yea	ars. Attach additional sh	eets of paper if
CURRENT EM	PLOYER:					
FROM DATE:	08-01-1993	EMPLOYER NA	AME: CA Dept o	f Housing & Cor	nmunity Development	
TO DATE:	current	ADDRESS:	Third St.	Street Name	Sacramento	CA State
DUTIES: Sec	tion Chief of Asset Ma	nagement & Complia	ance Branch, ove	rseeing more tha	n 500 rental projects	
PRIOR EMPLO	OYER(S):					
FROM DATE:	8/1/1988	EMPLOYER N	AME: Settlemen	t Housing Fund		
TO DATE:	8/1/1993	ADDRESS: 17	'80 Broadway		New York	NY
			Street#	Street Name	City	State
DUTIES: dev	veloped housing projec	cts for low-income a	nd very low-inco	me families and h	omeless families and in	dividuals
FROM DATE:	3/15/1981	EMPLOYER N	AME:Multi-Hous	ing News		
TO DATE:	08-01-1988	ADDRESS: 15	15 Broadway		New York	NY
			Street #	Street Name	City	State
DUTIES: Edi	tor in chief of monthly	publication		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
FROM DATE:		EMPLOYER N	AME:			
TO DATE:		ADDRESS:	Street #	Street Name	City	State
DUTIES:						
	NTERPRISES: List builded or operated.	usiness name includi	ng <u>fictitious nam</u>	e and address o	f any business enterpris	ses currently or
FROM DATE:		BUSINESS NA	ME:	<u>.</u>		
TO DATE:		ADDRESS:	Street #	Street Name	City	State
TYPE OF BUS	INESS OR SERVICE F	RENDERED:				
					-	

#### CITY OF SACRAMENTO -APPLICATION FOR APPOINTMENT

Moira Monahan					
	APPLICAL	VT NAME			

	771,000				ALLEGARI IVA	AI C	
FROM DATE:	BUSIN	ESS NAME:		manual .			
TO DATE:	ADDRI	ESS:	1#	Street Name	City	State	
TYPE OF BUSINESS OR SEF	RVICE RENDERED:				Oily	odec	
						Harris I have the	
FELONY CONVICTIONS: A for requirements of the position.	elony conviction is no dowever, failure to lis	ot necessarily a st felony convict	a bar to ap ions may re	pointment. Each casult in disqualifica	ase is considered settion.	eparately based on	
Have you ever been convicted court of conviction, and the ex-	d of a felony? If yes, act denomination of t	please indicat he offense resu	e for each Ilting in con	conviction, the da viction:	te of the conviction,	the location of the	
no							
CIVIL ACTIONS: List each cive each instance the date of the t	ril action, if any, in wh	nich punitive or and the location	exemplary of the cour	damages have bee t which rendered t	en assessed against he judgment:	you, indicating in	
none							
<u> </u>	angle of the Control					to the state of th	
I DECLARE, UNDER PENALT THE BEST OF MY KNOWLED	Y OF PERJURY TH. DGE:	AT ALL STATE	MENTS IN	THIS APPLICATION	ON ARE TRUE AND	COMPLETE TO	
	Signature: /s/. Moira Monahan / Date: 12-27-2010  Type Name if Returning Via E-Mail or Print, Sign and Mail						
	DISCLOSURE	AND REGU	JLATOR'	/ REQUIREME	<u>NTS</u>		
City Code Section 2.40.060: C (see announcement), the form appointees with the filing form Clerk.	n must be filed with	the Office of th	e City Clei	k prior to beginning	ng service. The City	y Clerk will provide	
City Code Section 2.40.010: A removed if a member does meetings regularly and devote	not attend three con	secutive regula	arly schedu	led meetings. If	appointed, will you	basis, and may be be able to attend No	
City Resolution 2007-653: M requirement mandated by Go Office of the City Clerk within you be able to complete the tra	vernment Code Sect 60 days of appointme	ions 53234 et s ent. Appointee:	seq. and m	ay be removed if p	proof of attendance	is not filed with the	
	ACC	OMMODATI	ON INFO	RMATION			
PLEASE IDENTIFY ANY SPECIA	LIZED ACCOMMODAT	TIONS NEEDED I	FOR EQUAL	PARTICIPATION:			



# City of Sacramento

#### Application for

#### Appointment to Boards/Commissions and Committees

INSTRUCTIONS: Provide all information requested. Attachments must be single sided on 8.5 x 11 paper. If you will be representing an organization, you must include a letter from the organization recommending you as their representative. Note: All information provided on this form is a public record. Return this completed application form to: Office of the City Clerk, Historic City Hall, 915 I Street, Rm. 116, Sacramento, CA 95814. Tel: (916) 808-7200.

<u>IMPORTANT:</u> Letters of recommendation are <u>optional</u>. If you choose to include a letter it must be submitted as part of this application. Letters will not be accepted after your application is filed with the City Clerk's Office.

this application. Letters will not be	e accepted a	fter your applic	ation is filed	I with the City (	Clerk's Offic	e.	
BOARD / COMMISSION OR COMMI	TTEE NAME:	Animal Care	Services C	Citizens Advis	ory Comm	ittee	
CATEGORY FOR WHICH YOU ARE	APPLYING:	Public-at-la	rge represe	enting the con	nmunity	С	
		Description (if applica	able)			Categor	y Letter
☐ Name of Company/Organization E ☐ Company/Organization Authorizat				tions of category	/)		
Applicant Name: Delson	San		A	E-Mail:			
T	St.		Sacramer	nto	С	:A 95	811
Home Address: Street #	Street Nar	ne	City		Sta	ate	Zip
Mailing Address (if different than hom	e address):	Street #	Street Name		City	State	Zip
Resident of City Council District No:	Four (4)		Business	in Council Distri	ict No:	If Applic	cable
Home Telephone: 916			Business	Telephone: 9'	16		
Please state the reason you would lik	e to be a men	nber of this boar	d/commission	(or attach):			
I care about animals and have animals at the City's Animal Cand educating the community dog owner. I am currently enradvisory committee by both Minformation and communication reporter and editor and have I master in public administration.  Are you currently, or have you in the how that service supports your application.	are Service about hum olled in the layor Johns ons technique oeen a goven degree from past, served o	es Center, inc ane treatmen 2011 City Ma on and ex-Ma ues and publi ernment com om Harvard a	reasing aw t of animals unagement ayor Fargo c administr nunications nd an MA i	areness of ar s. I am a 16-y Academy. I h . I have profes ation. I spent s professiona n communica	nimals avai ear reside ave been a ssional exp 15 years a I for the las	llable for a nt of the ci appointed perience in as a newsp st 9 years. Stanford.	doption, ity and a to a city public paper I have a
l am currently serving my seco	ond term as	a mayoral ar	pointee to	the Transpor	tation Prog	ıram Guide	e CAC.
Do you, or an immediate family men interest for this advisory group?			rofessional, fi s, please expl		hat may pres	sent a poten	tial conflict of
			46. April - Ap			Annual of the second	

Sam Delson	
APPLICANT NAME	-

#### **BACKGROUND INFORMATION**

You may also attach a resume reflecting experience, community activities or other qualifications not listed below that would be helpful to the Council in evaluating your application.

EDUCATION:	in evaluating your app		and the state of the		Polymentow residuals
EBOOATION.	MPA, Harvard U MA, Communica	niversity, 2000. tion, Stanford University, 1999	9. BA, Political Sci	ence, Carleton Colle	ege, 1983
WORK EXPER	RIENCE: List names,	addresses and dates of employment	for the last five (5) ye	ars. Attach additional sh	eets of paper if
CURRENT EN	IPLOYER:				
FROM DATE:	04-02-2007	EMPLOYER NAME: Califor	nia Environmental F	Protection Agency, OE	ННА
TO DATE:	Present	ADDRESS: I St. Street #	Street Name	Sacramento City	CA State
DUTIES: De	puty Director for Exte	ernal and Legislative Affairs. I am th	e communications di	rector and legis. directo	or for OEHHA.
PRIOR EMPLO	OYER(S):				
ROM DATE:	08-30-2006	EMPLOYER NAME: Yes or	Proposition 1C Ca	mpaign	
TO DATE:	11-10-2006	ADDRESS: 900 J St.		Sacramento	CA
		Street #	Street Name	City	State
DUTIES: Sta	tewide communicat	ons director for campaign for \$2 bi	llion emergency shel	ter and housing bond	
FROM DATE:	11-29-2004	EMPLOYER NAME: Assem	blymember Albe <u>rt</u> o	Torrico	
TO DATE:	01-08-2007	ADDRESS: State Capitol		Sacramento	CA
	Managara (A 4 . /	Street #	Street Name	City	State
OUTIES: Prin	ncipal consultant and	communications director for state	Assemblymember.		
FROM DATE:	11-04-2002	EMPLOYER NAME:Assem	blymember Darrell S	Steinberg	
TO DATE:	11-26-2004	ADDRESS: State Capitol		Sacramento	CA
		Street #	Street Name	City	State
DUTIES: Prir	ncipal consultant and	communications director for Sacra	amento's state Assem	blymember.	
BUSINESS El previously owr	NTERPRISES: List ned or operated.	business name including <u>fictitious</u>	name and address o	f any business enterpri	ses currently or
FROM DATE:		BUSINESS NAME:			
TO DATE:		ADDRESS:	Street Name	City	State
TYPE OF BUS	SINESS OR SERVICE	RENDERED:			
emante.	per Samuel and Samuel		AND THE RESERVE THE PROPERTY OF THE PROPERTY O	and the state of t	

# CITY OF SACRAMENTO -

Sam Delson						
APPLICANT NAME						
Street Name	City	State				
A. Z. M. A.	<del></del>					
intment. Each cas ult in disqualification	e is considered se on.	parately based on				
onviction, the date ction:	of the conviction,	the location of the				
nmages have been which rendered the	assessed against y	you, indicating in				
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### APPLICATION FOR APPOINTMENT FROM DATE: BUSINESS NAME: ADDRESS: \_ TO DATE: Street # TYPE OF BUSINESS OR SERVICE RENDERED: FELONY CONVICTIONS: A felony conviction is not necessarily a bar to appo requirements of the position. However, failure to list felony convictions may res Have you ever been convicted of a felony? If yes, please indicate for each co court of conviction, and the exact denomination of the offense resulting in convic No. CIVIL ACTIONS: List each civil action, if any, in which punitive or exemplary da each instance the date of the trial, court judgment and the location of the court v None. I DECLARE, UNDER PENALTY OF PERJURY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE: Signature: \_\_\_\_\_/S/\_SAM A. DELSON 03-09-2011

#### DISCLOSURE AND REGULATORY REQUIREMENTS

Type Name if Returning Via E-Mail or Print, Sign and Mail

City Code Section 2.40.060: Conflict of Interest Disclosure - If a Statement of Economic Interests Form 700 is required for this position (see announcement), the form must be filed with the Office of the City Clerk prior to beginning service. The City Clerk will provide appointees with the filing form and instructions. Official status to serve will be delayed until the form is filed with the Office of the City Clerk. City Code Section 2.40.010: Attendance - Board/commission members are required to attend meetings on a regular basis, and may be removed if a member does not attend three consecutive regularly scheduled meetings. If appointed, will you be able to attend meetings regularly and devote the time necessary to fulfill your duties as a member? Yes City Resolution 2007-653: Mandatory Ethics Training - Board/commission members are required to satisfy the local ethics training requirement mandated by Government Code Sections 53234 et seq. and may be removed if proof of attendance is not filed with the Office of the City Clerk within 60 days of appointment. Appointees will be provided with an on-line training resource. If appointed, will you be able to complete the training within 60 days? Yes O No

#### ACCOMMODATION INFORMATION

PLEASE IDENTIFY ANY SPECIALIZED ACCOMMODATIONS NEEDED FOR EQUAL PARTICIPATION: