

### **REPORT TO**

# Personnel and Public Employees Committee City of Sacramento

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

Discussion Calendar April 05, 2011

Honorable Chair and Members of The Personnel and Public Employees Committee

Title: Review of Applications 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; Penny Cistaro, Manager, (916) 808-7433, Animal Care Services, Department of

General Services.

**Presenters:** None

**Department:** City Clerk's Office / General Services Dept.

**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.

		Khigaiviii
	Respectfully Submitted by:	Katia Ligaiviu,
Recommendation Approved:		Deputy City Clerk
S. Muzino		
Stephanie Mizuno, Assistant City Clerk		

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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:	Three (3)
Category Description(s):	Category A: Licensed Veterinarian – One (1) seat
	Category C: Public-at-large representing the community and shall not be an animal care professional or affiliated with an animal welfare organization – Two (2) seats
Status of Incumbents:	Category A: Cynthia Delany – Resigned
	Category C: Becky Correia & Kris Liang – Both did not re-apply

No.	Applicant Name	District	Category	Comments
1	Michaela A. Manago	5	Α	

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



### Application for

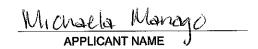
### Appointment to Boards/Commissions and Committees

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.

IMPORTANT: Letters of recommendation are optional. 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 CAVE SERVILLES Advisory Committee
CATEGORY FOR WHICH YOU ARE APPLYING: Vetorinary Technicion  Description (If applicable)  Category Letter
☐ Name of Company/Organization Being Represented (if applicable):
Applicant Name: Manago , Michaelo Normali: E-Mail: Home Address: 53 rd Street # Street Name / City State Zip
Mailing Address (if different than home address):  Street # Street Name City State Zip
Resident of City Council District No: Business in Council District No:
Resident of City Council District No:
Please state the reason you would like to be a member of this board/commission (or attach):
I want to share my years of experience in me veterinary field to help better serve the animal and pet populations of Sacramento. My skills and knowledge in animal care and behavior would greatly benefit this committee.
Are you currently, or have you in the past, served on an advisory group? O Yes ONo If yes, state the name of the group and how that service supports your application (or attach).
Do you, or an immediate family member, have any relationship (professional, financial, other) that may present a potential conflict interest for this advisory group? OYes ONo If yes, please explain:

# CITY OF SACRAMENTO - APPLICATION FOR APPOINTMENT



### **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:		· · · · · · · · · · · · · · · · · · ·		·
Please :	see attached	resume		
NORK EXPERIENCE: List names, addre	sses and dates of employment	or the last five (5) years.	Attach additional	sheets of paper if
CURRENT EMPLOYER:	See vesime			
FROM DATE:	SEL VESUVAL EMPLOYER NAME:			
TO DATE:	ADDRESS:	Street Name	City	State
DUTIES:				
PRIOR EMPLOYER(S):				
FROM DATE:	EMPLOYER NAME:			
TO DATE:	ADDRESS:Street #	Street Name	City	State
DUTIES:				
FROM DATE:	EMPLOYER NAME:			
TO DATE:	ADDRESS:Street#	Street Name	City	State
DUTIES:	Site II			
FROM DATE:	EMPLOYER NAME:			
TO DATE:	ADDRESS:Street #	Street Name	City	State
DUTIES:				
BUSINESS ENTERPRISES: List busing previously owned or operated.	ess name including <u>fictitious n</u>	ame and address of a	ny business enterp	orises currently o
FROM DATE:	BUSINESS NAME: 2006	ogical Fabri	ication	
TO DATE:	ADDRESS: Street #	1th Street 6	acramento	J CA State
TYPE OF BUSINESS OR SERVICE REN	DERED:		•	
Custom and als	ina zedinairal	exhibits		

### CITY OF SACRAMENTO -APPLICATION FOR APPOINTMENT



FROM DATE:	BUSINESS NAME:			
TO DATE:	ADDRESS:	Street Name	City	State
TYPE OF BUSINESS OR SERVICE RENI	DERED:			
FELONY CONVICTIONS: A felony convict requirements of the position. However, fai	ction is not necessarily a bar lure to list felony convictions	to appointment. Each cas may result in disqualification	e is considered sepa on.	arately based on
Have you ever been convicted of a felony court of conviction, and the exact denomin	/? If yes, please indicate for ation of the offense resulting	each conviction, the date in conviction:	of the conviction, th	e location of the
nla				
CIVIL ACTIONS: List each civil action, if a each instance the date of the trial, court jud	any, in which punitive or exem dgment and the location of th	plary damages have been e court which rendered the	assessed against yo judgment:	ou, indicating in
nla				
	VAE-Mail or Print, Sign and Mail	Date: 3/3/	<u> </u>	OMPLETE TO
City Code Section 2.40.060: Conflict of In (see announcement), the form must be f appointees with the filling form and instruction.  City Code Section 2.40.010: Attendance removed if a member does not attend the meetings regularly and devote the time not	iled with the Office of the Cr ctions. Official status to serve Board/commission members three consecutive regularly	ty Clerk prior to beginning will be delayed until the sare required to attend me scheduled meetings. If a	form is filed with the	Office of the City  pasis, and may be be able to attend
City Resolution 2007-653: Mandatory E requirement mandated by Government C Office of the City Clerk within 60 days of you be able to complete the training within	thics Training - Board/comm code Sections 53234 et seq. appointment. Appointees wil	ission members are requi	DOLD GREETINGING IS	HOLINGA WILL GIO
	ACCOMMODATION	INFORMATION	·	•
PLEASE IDENTIFY ANY SPECIALIZED ACCO	OMMODATIONS NEEDED FOR	EQUAL PARTICIPATION:		<u>, - 1888</u>
	nla			

# Michaela Manago

Objective

A position on the Animal Services Advisory Committee to share my experience with and knowledge of animal care and behavior to better assist animal populations in Sacramento.

**Experience** 

2007-Present

Sacramento Animal Hospital

Sacramento, CA

**Veterinary Technician** 

Animal-patient care, treatment and procedures. Develop & implement client education, training and customer service that promotes long-term relationships with clients. Lead meetings and prioritize and maintain staff and client needs.

2006-2007

Amber House Bed & Breakfast

Sacramento, CA

Innkeeper

Manage and greet guest with superior hospitality and professionalism, reservations, concierge services, bookkeeping. Any miscellaneous requested tasks such as staging wedding proposals.

2004-2005

Laplante, Spinelli & Donald

Sacramento, CA

Legal Secretary/Receptionist

Greet clients, manage phones, assist meetings, data entry, calendaring, inventory, dictation, preparing legal documents.

2003-2004

Aron & Associates

Tucson, AZ

Legal Assistant

Prepare legal documents, outgoing calls, schedule attorneys for hearings, schedule process servers, data entry.

2001-2003

Bookman's Used Books

Tucson, AZ

**Visual Merchandise Coordinator** 

Organize, maintain, and develop creative store displays

Distribute incoming merchandise, buying and trading merchandise.

**Education** 

2005-Present

Sacramento City College

Sacramento, CA

Pursuing a degree in communications for transfer to California State

University, Sacramento in 2011.

1997-2001

Canyon Del Oro High School.

Tucson, AZ

High School Diploma

Volunteering

Sacramento Food Bank

Sacramento, CA

2008 2005

2009

Sac Sheriff Search & Rescue- K9 Unit Wildlife Care Association

Sacramento, CA Sacramento, CA

2004

Arizona-Sonoran Desert Museum

Tucson, AZ

References available upon request

Doctors' Hours By Appointment 451-7213

Emergency After Hours 362-3111



March 4, 2011

#### To Whom It May Concern:

I first met Michaela four years ago when she came to work at our veterinary hospital. From the start, Michaela showed a passion for learning new things and striving to improve our hospital in various ways. She is responsible for various key projects such as our quarterly newsletter and updating our website. I can honestly say that without her help, I would be at a loss. She would be an asset to any organization she were to become a part of.

Please feel free to call me if you have any questions. I am available at 916-451-7213.

Best Regards,

Diana Cortez, DVM Sacramento Animal Hospital

Hospital Director





Application for

2011 MAR - 7 P 3: 27

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CATEGORY FOR WHICH YOU ARE APPLYING:	Public at-large		С
SATEGORY FOR WHICH FOU ARE ALL ETING.	Description (if applicable)		Category Letter
☐ Name of Company/Organization Being Represe☐ Company/Organization Authorization Letter <u>Atta</u>		s of category)	
Applicant Name: Pokorny Jen		Mail:	
Iome Address: G Street, #1	Sacramento	CA	95816
Street # Street Nar	me City	State .	Zip
Mailing Address (if different than home address): $\_$	Street # Street Name	City	State Zip
Resident of City Council District No: Three (3)		council District No:	If Applicable
lome Telephone:	Business Tele	ephone:	
Please state the reason you would like to be a mem- have a genuine interest in animal welfare shelters over the years. I recently moved community and believe that this would be what is going on in the community with an he harsh realities of an overpopulation of animals. Therefore, I would like the oppor- positive contribution to the lives of the ani	e given that I have rescued a to Sacramento and would lik a good way to do so. It wou nimal care issues. Living in A primarily dogs and cultural of tunity to be more involved in	all of my pets (2 cats, 1 ke a way to be involved ald also allow me to know atlanta for several years differences in acceptable	in the w more about exposed me t le treatment of

# CITY OF SACRAMENTO - APPLICATION FOR APPOINTMENT

TYPE OF BUSINESS OR SERVICE RENDERED:

Pokorny, Jennifer	
APPLICANT NAME	

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

EDUCATION: 2003-2009 Emory University, Atlanta, GA Ph.D. Psychology (Neuroscience & Animal Behavior 2007 Emory University, Atlanta, GA M.A. Psychology (Neuroscience & Animal Behavior 1996-2000 University of Wisconsin, Madison, B.A. Anthropology & Social Welfare (double me work Experience: List names, addresses and dates of employment for the last five (5) years. Atlach additional sheets of paneeded.  CURRENT EMPLOYER:  FROM DATE: 5/2010 EMPLOYER NAME: University of California Davis, Department of Psychiatry TO DATE: present ADDRESS: Cousteau Place, Suite 255 Davis CA Stook # Stook Name  DUTIES: Postdoctoral Research Fellow conducting research examining the development of brain function in children autism using functional neuroimaging (ffMRI)  PRIOR EMPLOYER(S):  FROM DATE: 10/1009 EMPLOYER NAME: Agnes Scott College, Department of Psychology  TO DATE: 5/2010 ADDRESS: 141 E. College Avenue Decatur GA  DUTIES: Researcher analyzing MRI brain scans  EMPLOYER NAME: Emory University, Department of Psychology  ADDRESS: 36 Eagle Row Atlanta GA  Street # Street Name Cay State  DUTIES: Graduate student conducting research on social behavior in non-human primates; Taching Assistant for second and processes and address of any business enterprises current reviously owned or operated.  EMPLOYER NAME:  BUSINESS ENTERPRISES: List business name including fictitious name and address of any business enterprises current reviously owned or operated.  EROM DATE: BUSINESS NAME:  BUSINESS NAME:  BUSINESS NAME:	to the Council i	n evaluating your application	n.				
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BUSINESS ENTERPRISES: List business name including <u>fictitious name</u> and address of any business enterprises curren previously owned or operated.  FROM DATE:  BUSINESS NAME:	TO DATE:		ADDRESS:	Street #	Street Name	City	State
Previously owned or operated.  BUSINESS NAME:	DUTIES:	£.	·	Grost #	Succession	O.Ay	State
Previously owned or operated.  BUSINESS NAME:							
			ss name includin	g <u>fictitious name</u>	and address of a	nny business enterp	rises currently or
TO DATE	ROM DATE:		BUSINESS NAM	E:		***************************************	
TO DATE: ADDRESS:	ΓΟ DATE:		ADDRESS:				

#### CITY OF SACRAMENTO -APPLICATION FOR APPOINTMENT

Pokorny,	Jennifer
----------	----------

#### APPLICANT NAME

FROM DATE:	BUSINESS NAME:	ALIMANA		
TO DATE:	ADDRESS:	Street Name	City	State
TYPE OF BUSINESS OR SERVICE RENE		OROCITORO	Оц	·
FELONY CONVICTIONS: A felony convic requirements of the position. However, fail				parately based on
Have you ever been convicted of a felony court of conviction, and the exact denomina NA			of the conviction, t	the location of the
CIVIL ACTIONS: List each civil action, if a each instance the date of the trial, court jud				you, indicating in
DECLARE, UNDER PENALTY OF PERJI THE BEST OF MY KNOWLEDGE:	URY THAT ALL STATEMEN	ITS IN THIS APPLICATION A	ARE TRUE AND	COMPLETE TO
Signature: /s/, Jennifer Pokorny		Date: 3/1/11		
DISCLO	OSURE AND REGULA	TORY REQUIREMENT	' <u>S</u>	
City Code Section 2.40.060: Conflict of Intesee announcement), the form must be file appointees with the filing form and instruct Clerk.	ed with the Office of the Cit	ty Clerk prior to beginning s	ervice. The City	Clerk will provide
City Code Section 2.40.010: Attendance - Exemoved if a member does not attend the neetings regularly and devote the time neetings.	ree consecutive regularly s	scheduled meetings. If app	ointed, will you	be able to attend

#### **ACCOMMODATION INFORMATION**

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

Yes

PLEASE IDENTIFY ANY SPECIALIZED ACCOMMODATIONS NEEDED FOR EQUAL PARTICIPATION:

you be able to complete the training within 60 days?



**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.

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BOARD / COMMISSION OR COMMITTEE NAME:	Animal Care Service	es Citizens Adviso	ry Committee	}
CATEGORY FOR WHICH YOU ARE APPLYING:	Member at-large			"C"
	Description (if applicable)			Category Letter
☐ Name of Company/Organization Being Represe	ented (if applicable): N/A	<b>.</b>		
Company/Organization Authorization Letter Atta		ifications of category)		
Applicant Name: Garcia Kat	hleen nmn	E-Mail:		
l ast Firs	-			0.7004
Home Address: Street # Street Na		nento	CA State	95831 Zip
	ne Cry		State	ziμ
Mailing Address (if different than home address): _	Street # Street N	ame Cit		State Zip
Resident of City Council District No: Seven (7)	Ruein	ess in Council District	No	
Required	<u> </u>			If Applicable
Home Telephone: (916)	Busin	ess Telephone: (91)	6)	
Simply stated, my enormous love and re- humane treatment of all animals. To be a participate in the formulation and recomn animals. To provide the public with educa care of animals, and to illicit adoption as	voice for those who nendation of policies a ational opportunities a	don't have one. Ì h and programs that	nave always i ensure qual	wanted to ity care of
L Are you currently, or have you in the past, served on how that service supports your application (or attact	n an advisory group? Oh).	Yes   No If yes	, state the name	e of the group and
N/A				
Do you, or an immediate family member, have an interest for this advisory group? OYes O No	y relationship (professiona If yes, please e	ni, financial, other) tha explain:	t may present a	a potential conflict
N/A				

previously applied 2010

Kathleen Garcia	
APPLICANT NAME	

You may also to the Council i			community act	ivities or oth	ier qualificat	tions not listed	below that wo	ould be helpfu
EDUCATION:	_	 			\	(1 \ /NI)	University	of California

EDUCATION:	Sacramento City Co Sacramento (RN)		****			
WORK EXPEI	RIENCE: List names, addi	resses and dates of	of employment for	the last five (5) yea	ars. Attach additional sh	eets of paper if
CURRENT EN	MPLOYER:					
FROM DATE:	January 2000	EMPLOYER N	IAME: DaVita (D	ialysis) Name ch	ange from Total Rena	l Care
TO DATE:	current	ADDRESS: _	Street #	mmons Street Name	Sacramento City	CA
DUTIES: Sta	aff/ charge nurse, Facility	Administrator (P	rovide direct pat	ient care, overall s	upervision and operatio	on of facility
PRIOR EMPL	OYER(S):					
FROM DATE:	March 1996	EMPLOYER N	NAME: Total Ren	ial Care	, <u>, , , , , , , , , , , , , , , , , , </u>	
TO DATE:	Januray 2000		000 University A		Sacramento	CA
TO DATE.		7001 LOG	Street #	Street Name	City	State
DUTIES: RN	N/Facility Administrator	(Direct patient ca	re and responsib	le for overall opera	ation of dialysis facility.	
FROM DATE:	March 1975	EMPLOYER N	NAME: New Wes	st Dialysis/Total R	tenal Care (acquired b	y TRC)
TO DATE:	March 1996	ADDRESS: 3	00 University Av	/enue	Sacramento	CA
IODAIL.			Street #	Street Name	City	State
DUTIES: PC	T/LVN/RN/Chg RN/Facilit	y Administrator	(Patient care, sup	ervision, administr	ration of facility operati	on)
FROM DATE:	:	EMPLOYER I	NAME:			
TO DATE:		ADDRESS:	Street #	Street Name	City	State
DUTIES:			36 60 tr	OH OF HOME		
<u>L</u>	<del></del>					
	ENTERPRISES: List busi ned or operated.	iness name inclu	ding <u>fictitious nar</u>	<u>ne</u> and address o	f any business enterpri	ses currently o
	ned or operated.	iness name includ		ne and address o	f any business enterpri	ses currently or
previously ow	ned or operated.		AME:			
previously ow FROM DATE: TO DATE:	ned or operated.	BUSINESS N		ne and address of	f any business enterpri	ses currently or

# CITY OF SACRAMENTO - APPLICATION FOR APPOINTMENT

Kathleen Garcia		
ADDI ICANT NAME	 	

FROM DATE:	BUSINE	SS NAME:	·····		<del></del>	
TO DATE:	ADDRES	SS:		Street Name	City	State
TYPE OF BUSINESS OR SERVICE RENE	DERED:			terrena en		
FELONY CONVICTIONS: A felony convict requirements of the position. However, fail Have you ever been convicted of a felony	lure to list t /? If yes, p	felony conviction please indicate	ns may res for each c	sult in disqualific onviction, the d	cation.	
court of conviction, and the exact denomina	ation of the	offense resulti	ng in conv	iction:	<del></del>	·
NO						
CIVIL ACTIONS: List each civil action, if a each instance the date of the trial, court jud						st you, indicating in
NO		<b>N</b>				
I DECLARE, UNDER PENALTY OF PERJITHE BEST OF MY KNOWLEDGE:						O COMPLETE TO
Signature: /s/, Kathleen Garcia Type Name if Returning V	Via E-Mail or I	MLESA Print, Sign and Mai AND REGUL	Xouu ATORY	. O2-16-	2011 ENTS	······································
City Code Section 2.40.060: Conflict of Interest (see announcement), the form <u>must</u> be fill appointees with the filling form and instruct Clerk.	ed with the	e Office of the	City Clerk	prior to beginn	ing service. The Ci	ty Clerk will provide
City Code Section 2.40.010: Attendance - I removed if a member does not attend th meetings regularly and devote the time nec	ree conse	ecutive regularly	y scheduk	ed meetings. I	f appointed, will you	or basis, and may be u be able to attend No
City Resolution 2007-653: Mandatory Etr requirement mandated by Government Co Office of the City Clerk within 60 days of a you be able to complete the training within	de Section ppointmen	ns 53234 et sed t. Appointees v	q. and may	y be removed if	proof of attendance	is not filed with the
	ACCO	MMODATIO	N INFOF	RMATION		
PLEASE IDENTIFY ANY SPECIALIZED ACCOU	MMODATIC	NS NEEDED FO	R EQUAL F	PARTICIPATION:		
one						



RECEIVED CITY CLERK'S OFFICE CITY OF SACRAMENTO

#### Application for

# Appointment to Boards/Commissions and Committees \_u A 8: 33

<u>INSTRUCTIONS</u>: 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.

ATEGORY FOR WHICH YOU ARE APPLYING:		visory Committee
	Community	С
	Description (if applicable)	Category Letter
Name of Company/Organiżation Being Repres Company/Organization Authorization Letter Att		ory)
pplicant name.	oira E-Mail:	
ome Address: Del Rio Rd.	Sacramento	CA 95822 State Zip
		State Zip
ailing Address (if different than home address):	Street # Street Name	City State Zip
esident of City Council District No: Four (4)	Business in Council Dis	strict No:
ome Telephone: 916	Business Telephone:	If Applicable
care deeply about the well-being of ani he City Animal Shelter as well as for oth hroughout the Sacramento area. I norm neeting and feel that I could contribute	her animal organizations. I am very a nally attend the Animal Care Services	active in spay/neuter efforts s Citizens Advisory Committee
re you currently, or have you in the past, served ow that service supports your application (or atta		yes, state the name of the group and

#### CITY OF SACRAMENTO -APPLICATION FOR APPOINTMENT

Moira Monahan	
APPLICANT NAME	

Bachelor of Arts in English and Spanish, Rutgers College, New Brunswick, NJ, 1979  WORK EXPERIENCE: List names, addresses and dates of employment for the last five (5) years. Attach additional sheets of paper if needed.  CURRENT EMPLOYER: FROM DATE: 08-01-1993	-	attach a resume reflecting in evaluating your applicat	•	iunity activities of	otner qualification	ns not listed below that t	would be neiptul
TO DATE: Current ADDRESS: Third St. Street # Street Numb City State  DUTIES: Section Chief of Asset Management & Compliance Branch, overseeing more than 500 rental projects  PRIOR EMPLOYER(S):  FROM DATE: 8/1/1988 EMPLOYER NAME: Settlement Housing Fund TO DATE: ADDRESS: 1780 Broadway New York NY Street # Street Name City State  DUTIES: developed housing projects for low-income and very low-income families and homeless families and individuals  FROM DATE: 3/15/1981 EMPLOYER NAME: Multi-Housing News TO DATE: ADDRESS: 1515 Broadway New York NY Street # Street Name City State  DUTIES: Editor in chief of monthly publication  FROM DATE: EMPLOYER NAME: TO DATE: ADDRESS: Street # Street Name City State  BUSINESS ENTERPRISES: List business name including fictitious name and address of any business enterprises currently of previously owned or operated.  FROM DATE: BUSINESS NAME:  TO DATE: BUSINESS NAME:  TO DATE: BUSINESS NAME:  Street # Street Name City State  Street Name City State  State  FROM DATE: BUSINESS NAME:  TO DATE: BUSINESS NAME:  TO DATE: BUSINESS NAME:  Street # Street Name City State  State  TO DATE: BUSINESS NAME:  Street Name City State	EDUCATION:		inglish and Spar	nish, Rutgers	College, New E	Brunswick, NJ, 1979	<u> </u>
EMPLOYER NAME: CA Dept of Housing & Community Development TO DATE: current ADDRESS: Third St. Sacramento CA  DUTIES: Section Chief of Asset Management & Compliance Branch, overseeing more than 500 rental projects  PRIOR EMPLOYER(S): FROM DATE: 8/1/1988 EMPLOYER NAME: Settlement Housing Fund TO DATE: M/1/1993 ADDRESS: 1780 Broadway New York NY DUTIES: developed housing projects for low-income and very low-income families and homeless families and individuals  FROM DATE: 3/15/1981 EMPLOYER NAME: Multi-Housing News TO DATE: 08-01-1988 ADDRESS: 1515 Broadway New York NY  DUTIES: Editor in chief of monthly publication  FROM DATE: EMPLOYER NAME:  DUTIES: Editor in chief of monthly publication  BUSINESS ENTERPRISES: List business name including fictitious name and address of any business enterprises currently or previously owned or operated.  FROM DATE: BUSINESS NAME:  BUSINESS NAME:  Street # Street Name City State  TO DATE: BUSINESS NAME:  BUSINESS NAME:  Street # Street Name City State  TO DATE: BUSINESS NAME:  BUSINESS NAME:  Street # Street Name City State  TO DATE: BUSINESS NAME:  Street # Street Name City State  TO DATE: BUSINESS NAME:  Street # Street Name City State  State  TO DATE: BUSINESS NAME:  Street # Street Name City State		RIENCE: List names, addr	esses and dates of	employment for	the last five (5) yea	ars. Attach additional sh	neets of paper if
TO DATE: Current ADDRESS: Third St. Street # Street Numb City State  DUTIES: Section Chief of Asset Management & Compliance Branch, overseeing more than 500 rental projects  PRIOR EMPLOYER(S):  FROM DATE: 8/1/1988 EMPLOYER NAME: Settlement Housing Fund TO DATE: ADDRESS: 1780 Broadway New York NY Street # Street Name City State  DUTIES: developed housing projects for low-income and very low-income families and homeless families and individuals  FROM DATE: 3/15/1981 EMPLOYER NAME: Multi-Housing News TO DATE: 08-01-1988 ADDRESS: 1515 Broadway New York NY Street # Street Name City State  DUTIES: Editor in chief of monthly publication  FROM DATE: EMPLOYER NAME: TO DATE: ADDRESS: Street # Street Name City State  BUSINESS ENTERPRISES: List business name including fictitious name and address of any business enterprises currently of previously owned or operated.  FROM DATE: BUSINESS NAME: TO DATE: BUSINESS NAME:  BUSINESS NAME:  Street # Street Name City State  Street Name City State  State  DUTIES: Street # Street Name City State  State  DUTIES: Street # Street Name City State  State  DUTIES: Street # Street Name City State  State  State  Street Name City State	CURRENT EN	MPLOYER:					
DUTIES: Section Chief of Asset Management & Compliance Branch, overseeing more than 500 rental projects  PRIOR EMPLOYER(S): FROM DATE: 8/1/1993	FROM DATE:	08-01-1993	EMPLOYER NA	ME: CA Dept o	f Housing & Cor	nmunity Development	t
Section Chief of Asset Management & Compliance Branch, overseeing more than 500 rental projects  PRIOR EMPLOYER(S):  FROM DATE: 8/1/1993	TO DATE:	current	ADDRESS:	Third St. Street #	Street Name		
FROM DATE: ADDRESS: Street # Street Name   S	DUTIES: Se	ction Chief of Asset Mana	gement & Complia	ince Branch, ove	rseeing more tha	n 500 rental projects	a la contrat un la contrat de
TO DATE:    ADDRESS:   Street #   Street Name   City   State		0/4/4000	EMPLOYER NA	∖ <sub>ME:</sub> Settlemen	t Housing Fund		
DUTIES: developed housing projects for low-income and very low-income families and homeless families and individuals  FROM DATE: 3/15/1981	TO DATE:	8/1/1993	ADDRESS: 17	80 Broadway		New York	NY
TO DATE: 08-01-1988 ADDRESS: 1515 Broadway New York NY  Street # Street Name City State  DUTIES: Editor in chief of monthly publication  FROM DATE: EMPLOYER NAME:  TO DATE: ADDRESS: Street # Street Name City State  DUTIES: BUSINESS ENTERPRISES: List business name including fictitious name and address of any business enterprises currently of previously owned or operated.  FROM DATE: BUSINESS NAME:  TO DATE: ADDRESS: Street # Street Name City State  TO DATE: BUSINESS NAME: Street # Street Name City State	DUTIES: de	veloped housing projects	. <del> </del>			* · · · · · · · · · · · · · · · · · · ·	
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previously owned or operated.  FROM DATE:  BUSINESS NAME:  TO DATE:  ADDRESS:  Street # Street Name City State	DUTIES:			Street #	Street Name	Gity	State .
TO DATE: ADDRESS: Street # Street Name City State			ness name includir	ng <u>fictitious nam</u>	e and address of	f any business enterpri	ses currently or
Street # Street Name City State	FROM DATE:		BUSINESS NA	ME:			
TYPE OF BUSINESS OR SERVICE RENDERED:	TO DATE:		ADDRESS:	Street#	Street Name	City	State
	TYPE OF BUS	SINESS OR SERVICE REI	NDERED:				

CITY OF SACRAMENTO -			Mo	ira Monahan	
APPLICATION FOR APPOINTMENT			<del>-</del>	APPLICANT NAM	ME
FROM DATE:	BUSINESS NAI	ME:		MANUFACTURE AND ADMINISTRATION ADMINISTRATION AND A	
TO DATE:	ADDRESS:	Street#	Street Name	City	State
TYPE OF BUSINESS OR SERVICE REND	ERED:				
FELONY CONVICTIONS: A felony convict requirements of the position. However, fail	ion is not necess ure to list felony o	sarily a bar to convictions ma	appointment. Each y result in disqualifi	case is considered secation.	eparately based on
Have you ever been convicted of a felony court of conviction, and the exact denomination	? If yes, please i ation of the offens	indicate for ea se resulting in o	ch conviction, the conviction:	date of the conviction,	the location of the
no					
CIVIL ACTIONS: List each civil action, if ar each instance the date of the trial, court jud	ny, in which punit gment and the lo	tive or exempla cation of the c	ry damages have b ourt which rendered	een assessed against I the judgment:	you, indicating in
none					
I DECLARE, UNDER PENALTY OF PERJUTHE BEST OF MY KNOWLEDGE:  Signature: /s/. Moira Monahan /					COMPLETE TO
Signature: /s/. Moria Morianari // Type Name if Returning Vi	a E-Mail or Print, Sig	n and Mail	Date:		
DISCLO	SURE AND F	REGULATO	RY REQUIREM	<u>ENTS</u>	
City-Code Section 2.40.060: Conflict of Inte (see announcement), the form <u>must</u> be file appointees with the filing form and instructi Clerk.	ed with the Office	e of the City C	lerk prior to beginn	ning service. The City	Clerk will provide
City Code Section 2.40.010: Attendance - Eremoved if a member does not attend the meetings regularly and devote the time necessary.	ree consecutive	regularly sche	eduled meetings.	If appointed, will you	basis, and may be be able to attend No
City Resolution 2007-653: Mandatory Eth requirement mandated by Government Coc Office of the City Clerk within 60 days of ap you be able to complete the training within 6	de Sections 5323 pointment. Appo	34 et seq. and	may be removed in provided with an or	f proof of attendance i	s not filed with the
	ACCOMMO	DATION INF	ORMATION		
PLEASE IDENTIFY ANY SPECIALIZED ACCOM	IMODATIONS NEE	EDED FOR FOU	AL PARTICIPATION		



# Application for

### Appointment to Boards/Commissions and Committees

<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 | 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 COMMITTI	EE NAME: Animai	Care Services C	litizens Advis	sory Commit	tee	
CATEGORY FOR WHIC	CH YOU ARE AF	PLYING: Public-	at-large represe	nting the cor	nmunity	С	
			(if applicable)			Category	/ Letter
☐ Name of Company/C ☐ Company/Organization				tions of categor	у)		
Applicant Name: Delso	n	Sam	Α	E-Mail:			
	Last T St.	First	Middle Sacramen	ito	CA	95	811
Home Address: _	Street #	Street Name	City	ito	State		Zip
Mailing Address (if differ	rent than home a	ddress):	Street Name		City	State	Zip
Resident of City Council	l District No:F			in Council Distr	Ť	If Applica	
James Talanhanas 91	A			_			
nome reiebnone:	0		Business	Telephone: 9	16		
Home Telephone: 91	you would like to		board/commission	(or attach):		· · · · · · · · · · · · · · · · · · ·	
Please state the reason I care about anima animals at the City' and educating the o dog owner. I am cu advisory committee information and col reporter and editor master in public ad	you would like to ls and have so ls Animal Care community ab urrently enrolle e by both May mmunications and have bee	kills that would he e Services Center out humane treated in the 2011 Cit for Johnson and e techniques and en a government legree from Harva	elp the committeer, increasing awa tment of animals y Management A ex-Mayor Fargo. public administra communications ard and an MA in	(or attach): e achieve its areness of ar s. I am a 16-y Academy. I h I have profe ation. I spent professiona communica	goals of implimals availate resident ave been apsisonal expenses 15 years as I for the last tion from St	able for act of the cit oppointed the citerience in a newsp 9 years.	doption y and a o a city public aper have a
	you would like to ls and have si 's Animal Care community ab urrently enrolle by both May mmunications and have bee ministration d	kills that would he e Services Center out humane treated in the 2011 Cit for Johnson and estechniques and en a government legree from Harva	elp the committeer, increasing awa tment of animals y Management A ex-Mayor Fargo. public administra communications ard and an MA in	(or attach): e achieve its areness of ar s. I am a 16-y Academy. I h I have profe ation. I spent professiona communica	goals of implimals availate resident ave been apsissional expensional for the last	able for act of the cit oppointed the citerience in a newsp 9 years.	doption y and a o a city public aper have a
Please state the reason I care about anima animals at the City' and educating the dog owner. I am cut advisory committee information and coll reporter and editor master in public ad	you would like to ls and have so ls Animal Care community ab urrently enrolled by both May mmunications and have been liministration do we you in the pasts your application	kills that would he e Services Center out humane treated in the 2011 Cit for Johnson and estechniques and en a government egree from Harvant, served on an advison (or attach).	s board/commission  elp the committeer, increasing away  tment of animals  y Management /  ex-Mayor Fargo.  public administrate  communications  ard and an MA in  ory group?  Yes	(or attach): e achieve its areness of area. I am a 16-y Academy. I have proferation. I spent s professionant communica	goals of implimate available rear resident ave been applicated as the formal expensional expension as the formal expension from State the nation from State the material expension from State expension	able for act of the cit opointed to the cit opointed to the cit of	doption y and a o a city public aper have a

Sam Delson	
APPLICANT NAME	

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:	MPA, Harvard Univ MA, Communicatio	rersity, 2000. n, Stanford University, 1999.	BA, Political Sci	ence, Carleton Colle	ege, 1983
WORK EXPER	RIENCE: List names, add	dresses and dates of employment t	or the last five (5) ye	ars. Attach additional sh	neets of paper if
CURRENT EM	IPLOYER:				
FROM DATE:	04-02-2007	EMPLOYER NAME: Californ	ia Environmental F	Protection Agency, OE	ННА
TO DATE:	Present	ADDRESS:   Street #	Street Name	Sacramento	CA State
DUTIES: De	puty Director for Extern	al and Legislative Affairs. I am the	communications di	rector and legis. directo	or for OEHHA.
PRIOR EMPLO	DYER(S):				
FROM DATE:	08-30-2006	EMPLOYER NAME: Yes on	Proposition 1C Ca	mpaign	
TO DATE:	11-10-2006	ADDRESS: 900 J St.		Sacramento	CA
DUTIES: Stat	tewide communication	s director for campaign for \$2 bill	Street Name	City ter and housing bond	State
Ju	etwide commandation.	s director for earnpuign for \$2 5m	ion cinargency one.		
FROM DATE:	11-29-2004	EMPLOYER NAME: Assemb	lymember Alberto	Torrico	
TO DATE:	01-08-2007	ADDRESS: Street #	Street Name	Sacramento	CA State
DUTIES: Prin	ncipal consultant and co	ommunications director for state A		Oity .	. Office
FROM DATE:	11-04-2002	EMPLOYER NAME:Assemblymember Darrell Steinberg			
TO DATE:	11-26-2004	ADDRESS: State Capitol	Street Name	Sacramento	CA State
DUTIES: Prin	acinal consultant and co	ommunications director for Sacrar			
	respair consultant and co	The state of the s			
	NTERPRISES: List bus ned or operated.	siness name including <u>fictitious n</u>	ame and address o	f any business enterpri	ises currently or
FROM DATE:		BUSINESS NAME:			
TO DATE:		ADDRESS:	Street Name	City	State
TYPE OF BUS	SINESS OR SERVICE RE				
			ALL STATE OF THE S		

#### CITY ( APPLIC

CITY OF SACRAMENTO - APPLICATION FOR APPOINTMENT			Sam Delson  APPLICANT NAME			
FROM DATE:	BUSINESS NAM	ИЕ:				
TO DATE:	ADDRESS:	Street #	Street Name	City	State	
TYPE OF BUSINESS OR SER	VICE RENDERED:	outeer, .	Orect value	Oily	Julie	
FELONY CONVICTIONS: A fer requirements of the position.					eparately based on	
Have you ever been convicted court of conviction, and the exa				of the conviction,	the location of the	
No.						
CIVIL ACTIONS: List each civil each instance the date of the tr					you, indicating in	
None.		Table 1-10 (M* 1860) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
I DECLARE, UNDER PENALT		TATEMENTS	IN THIS APPLICATION	N ARE TRUE AND	COMPLETE TO	

I DECL THE BEST OF MY KNOWLEDGE:

Signature: /s/. SAM A. DELSON

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

03-09-2011

#### DISCLOSURE AND REGULATORY REQUIREMENTS

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?

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

#### ACCOMMODATION INFORMATION

PLEASE IDENTIFY ANY SPECIALIZED ACCOMMODATIONS NEEDED FOR EQUAL PARTICIPATION: