

## Fresno Economic Opportunities Commission

## **COMMUNITY SECTOR REPRESENTATIVE NOMINATION FORM**

This signed form and documentation must be submitted/postmarked by **OCTOBER 6**, **2023** along with a resolution of support for this 2-year term from the agency, organization or group you are representing signed within 60 days of the due date. If the organization is a public entity, submit a letter from an authorized official.

	Applicant Information		
Full Name:			
Last	First		M.I.
Harris Address.			
Home Address: Street Address			Apartment/Unit #
			·
City		State	Postal Code
Primary Phone:	Alternate Phone:		
Email:	Date of Birth:		<del> </del>
	Organization Representing		
	#Veere ee e Fre	ana	
Organization Name	# Years as a Fresno County Resident		
Organization Address:	-		
Street Address	City	State	Postal Code
This signed nomi	nation form may be submitted i	n the following	g ways:
<b>By Mail:</b> Postmarked by due date	<b>By E-Mail:</b> By 11:59 PM on the due date	Hand Delivered: By 5:00 PM on the due date	
Fresno EOC Elections Office Post Office Box 992 Fresno, CA 93714	Elections@Fresnoeoc.org	Fresno E0 1920 Mari Fresno, C	posa Street, Suite 300
	·	<u>.</u>	
	Employment		
Employer:	lab.	Title	
Address:		Title	
Street Address	City	State	Postal Code
	*Please attach resume to this applicat	ion*	
	Qualifications		
Briefly explain why are you interested in			
Differ explain with are you interested in	n serving on the EOC Board of Commis	ssioners?	
briefly explain with are you interested in	n serving on the EOC Board of Commis	ssioners?	
	n serving on the EOC Board of Commis	ssioners?	

List your current and past members	hip in organizations / community groups / affiliations.
How will the organization and you b	e an asset to Fresno EOC?
List the reasons your organization is	s interested in Fresno EOC Board of Commissioners:
	References
Reference 1:	
Name:	Position:
Organization:	Phone Number:
Reference 2:	
Name:	Position:
Organization:	Phone Number:
	Disclaimer and Signature
I certify under penalty of perjury tha	t the above is true and that:
<ul> <li>I am not an employee of File</li> <li>I have read and understand</li> <li>I understand that there is a</li> <li>I am not presently debarred any federal department or a</li> <li>I have not been convicted offense in connection with transaction or contract un commission of embezzler statements, or receiving statements, or receiving statements with commission of a</li> </ul>	of or had a civil judgment rendered against me for commission of fraud or a criminal hobtaining, attempting to obtain, or performing a public (federal, state or local) der a public transaction, for violation of federal and state antitrust statutes or forment, theft, forgery, bribery, falsification or destruction of records, making false plen property; or or otherwise criminally or civilly charged by a governmental entity (federal, state or ny of the offenses above; and transactions (federal, state or local) terminated for cause or default during the three
Signature:	Date:

MUST ATTACH A RESOLUTION OF SUPPORT FROM THE AGENCY/ORGANIZATION/GROUP PROPOSE TO REPRESENT.