ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team at MileHighOrdinance@DenverGov.org by 3:00pm on Monday.

All fields must be completed.

Incomplete request forms will be returned to sender which may cause a delay in processing.

				·		Date of Request	: November 18, 2014
Ple	ease mark one:	☐ Bill Request	or	XX I	Resolution Reque	est	÷
1.	Has your agency	submitted this request in	the last 1	2 months	?	•	
	☐ Yes	X⊠ No					
	If yes, please	explain:					
2.		concise, one sentence desc ates the type of request: g est, etc.)					
	Herrera and K	e Mayoral appointments o arima Osman to the Denv 2016 OR until a successo	er Immigra	ınt & Refi			
3.	Requesting Agend	ey: Mayor's Office		٠			
4.	■ Name: Antho ■ Phone: 720-8			ordinance	e/resolution.)		
5.	will be available forName: AnthoPhone: 720-8		g, if necesso		/resolution <u>who w</u>	rill present the item at Mo	yor-Council and who
6.	General description	on of proposed ordinanc	e including	g contrac	t scope of work it	f applicable:	
	[Insert general	description here.]	.*	:			
		following fields: (Incomp. – please do not leave blan		may result	in a delay in prod	cessing. If a field is not a	pplicable, please
	a. Contract	Control Number:					
	b. Duration:	· ·	diately and	expiring	December 31, 201	16	
	c. Location:	Council District:	٠.				
	e. Benefits:	·					•
	f. Costs:						
7.	Is there any contro	oversy surrounding this	ordinance	? (Group:	s or individuals w	ho may have concerns ab	out it?) Please
	[Start typing he	ere.]					
			:				
	· · · · · · · · · · · · · · · · · · ·	To be	completed	l by Mayo	r's Legislative Te	am:	y
SIF	RE Tracking Number	:			Date E	Entered:	



Please complete the following information in full, current resume or biography and return to the address below.

Type or print in blue or black ink.

Board or Commission you are ap	oplying for: Immigrant and Refug	gee Commission	
Last Name: Al Qaisi	First Name: M	ustafa	
Occupation/Employer: National Je	ewish Health, Other		
Work Address: 1400 Jackson Stre	et City:	Denver Zip: 80206	
Work E-mail Address: alqaisim@i	njhealth.org		
Work Phone: 303 270 2513	Work/Home Fa	x: <u>N/A</u>	
Home Address: 1235 S Bellaire Str	eet, #207 City: Denver	Zip: <u>80246</u>	
Home Phone: 970 372 7478	Cell Phone/ l	Pager: 970 372 7478	
Home E-mail Address: medical.m	ustafa@gmail.com		
Are you a registered voter?	(No) If so, what cou	nty?	
Colorado ID or Driver's License	Number: 09-254-0781		
Denver City Council District No.	.: <u>N/A</u> Ethni	city White	
Highest Level of Education or D	egree Earned: Medical Doctor	Year Completed: 2006	
COPDGene, NJH. • Colorado Welcome with a Doc, National Jewish Health • D VOLUNTEER: • Radiology Research • Interdisciplinary Case Conferences an Clinical Affiliate and Observer: Breast	ation • Association of University Ra e Back Advisory Council • Rose Me Denver Heart & Stroke Walk, Ameri Volunteer, Clinical Affiliate and Obs Id Quantitative Imaging Laboratory Imaging Center, Tumor Board and	adiologists (AUR, AMSER, RSNA) • Imaging Cor- edical Center Patient-Family Advisory Council • Note that Association • Iraqi Medical Association • Iraqi Medical Association • Iraqi Medical Imaging National Jewish Health • Radiology Volunteer, Breast Conferences, University of Colorado ador Volunteer: Exempla Saint Joseph Hospital ave known at least one year):	Walk n g,
Name	Address	Phone Number	
Ben Harris	1373 Grant St, Denver, CO 80203	3 303 569 8634	
Alex Kluiber	1400 Jackson St, Denver, CO 802	206 303 270 2595	
David Lynch, MD	1400 Jackson St, Denver, CO 802	206 303 270 2810	
Special Information: Is there anything that would adve If yes, please explain on a separ		in your appointment or service? Yes	lo)
	Mystata	9/30/2014	
	Signature	9/30/2014 Date	_
Return Completed Form to: Anthony R. Aragon, Director of I 1437 Bannock Street, Room 350 Denver, CO 80202 Phone: (720	Boards and Commissions		

anthony.aragon@denvergov.org



Please complete the following information in full, current resume or biography and return to the address below.

Type or print in blue or black ink.

Board or Commission you are ap	plying for: IMMIC	RANT & REFL	JGEE COMM	ISSION
	First			
Occupation/Employer: Employ				
Work Address: 1600 Downin	ng Street # 600	City: _Denv	/erZip:_	80218
Work E-mail Address: paul.ame	en@lfsrm.org			
Work Phone: 303-389-2341	Work/	Home Fax: 3	03-980-8588	
Home Address: 420 Tumblewee	ed Dr Cit	y: Brighton	Zip: _	80601
Home Phone: 757-962-2099	Cel	l Phone/ Pager:	720-234-952	6
Home E-mail Address: paulam	een69@yahoo.cor	m		
Are you a registered voter? Yes	s 🌃 If so,	what county?		
Colorado ID or Driver's License 1	Number: <u>07-137</u> -	-0957		
Denver City Council District No.:	;	Ethnicity	EGYPTIAI	1
Highest Level of Education or De	gree Earned:	BS	Year Compl	eted: 4
Memberships/ Organizations/ Vol	unteer Activities (ir	ıclude past or pr	esent):	
		•		
References (List three persons, no Name	ot related to you, who	om you have kn	own at least or Phone N u	•
Fr. Yacoub Solieman	4775 S Pearl	street	720-244-2	.390
Lindsey Sultz	1600 Downin	g Street	732-763-2	2713
Ammar Durid Abdullah	7200 E Evans	St	720-401-4	289
Special Information: Is there anything that would adver If yes, please explain on a separa	sely affect public coate sheet of paper.	onfidence in you	ar appointment	or service? Yes
	(-		<u> </u>	9/11/20
Return Completed Form to: Anthony R. Aragon, Director of B	Signatur Soards and Commiss			Date '

1437 Bannock Street, Room 350 Denver, CO 80202 Phone: (720) 865-9032 anthony.aragon@denvergov.org

Fax: (720) 865-8787

anthony.aragon@denvergov.org

BOARDS AND COMMISSIONS APPLICATION:
Please complete the following information in full, current resume or biography and return to the address below.

Type or print in blue or black ink.
Board or Commission you are applying for:Denver Immigrant & Refugee Commission
Last Name:Castro-Reino First Name: Pilar
Occupation/Employer: Librarian, Manager; Denver Public Library
Work Address:10 West 14 th Avenue Parkway City: Denver Zip: 80204
Work E-mail Address: pcastro@denverlibrary.org
Work Phone: 303-880-2105 Work/Home Fax: 720-865-0159
Home Address: 2470 Zenobia City: Denver Zip: 80212
Home Address: 2470 Zenobia City: Denver Zip: 80212 Home Phone: 303-484-9031 Cell Phone/ Pager: 303-883-8082
Home E-mail Address:castro.plr@gmail.com_
Are you a registered voter? Yes No If so, what county?Denver
Colorado ID or Driver's License Number:590-QOI
Denver City Council District No.: EthnicityHispanic
Highest Level of Education or Degree Earned:Masters of Library Science Year Completed: _1993_
Memberships/ Organizations/ Volunteer Activities (include past or present):
REFORMA, Hispanic Chamber, Colorado Library Association (past), DCI (past)
References (List three persons, not related to you, whom you have known at least one year):
Name Address Phone Number
Name Address Phone Number Edmund Kiang, 1492 Irving St. Denver 80204, 720-865-0145 temporary.
Name Address Phone Number Edmund Kiang, 1492 Irving St, Denver 80204, 720-865-0145 temporary, Lisa Murillo, 3265 Federal Blvd, denver 80211; 720-935-8837
Name Address Phone Number
Name Address Phone Number Edmund Kiang, 1492 Irving St, Denver 80204, 720-865-0145 temporary, Lisa Murillo, 3265 Federal Blvd, denver 80211; 720-935-8837
Name Address Phone Number Edmund Kiang, 1492 Irving St, Denver 80204, 720-865-0145 temporary, Lisa Murillo, 3265 Federal Blvd, denver 80211; 720-935-8837 Will Chan, 3570 W. 1 st Ave, Denver 80219,; 720-865-0156
Name Address Phone Number Edmund Kiang, 1492 Irving St, Denver 80204, 720-865-0145 temporary,Lisa Murillo, 3265 Federal Blvd, denver 80211; 720-935-8837 Will Chan, 3570 W. 1 st Ave, Denver 80219,; 720-865-0156 Special Information:
Name Address Phone Number Edmund Kiang, 1492 Irving St, Denver 80204, 720-865-0145 temporary,Lisa Murillo, 3265 Federal Blvd, denver 80211; 720-935-8837 Will Chan, 3570 W. 1 st Ave, Denver 80219,; 720-865-0156 Special Information: Is there anything that would adversely affect public confidence in your appointment or service? Yes No
Name Address Phone Number Edmund Kiang, 1492 Irving St, Denver 80204, 720-865-0145 temporary,Lisa Murillo, 3265 Federal Blvd, denver 80211; 720-935-8837 Will Chan, 3570 W. 1 st Ave, Denver 80219,; 720-865-0156 Special Information: Is there anything that would adversely affect public confidence in your appointment or service? Yes No
Name Address Phone Number Edmund Kiang, 1492 Irving St, Denver 80204, 720-865-0145 temporary,Lisa Murillo, 3265 Federal Blvd, denver 80211; 720-935-8837 Will Chan, 3570 W. 1 st Ave, Denver 80219,; 720-865-0156 Special Information: Is there anything that would adversely affect public confidence in your appointment or service? Yes No If yes, please explain on a separate sheet of paper. Signature Date
Name Address Phone Number Edmund Kiang, 1492 Irving St, Denver 80204, 720-865-0145 temporary,Lisa Murillo, 3265 Federal Blvd, denver 80211; 720-935-8837 Will Chan, 3570 W. 1 st Ave, Denver 80219,; 720-865-0156 Special Information: Is there anything that would adversely affect public confidence in your appointment or service? Yes No If yes, please explain on a separate sheet of paper.
Name Address Phone Number Edmund Kiang, 1492 Irving St, Denver 80204, 720-865-0145 temporary,Lisa Murillo, 3265 Federal Blvd, denver 80211; 720-935-8837 Will Chan, 3570 W. 1 st Ave, Denver 80219,; 720-865-0156 Special Information: Is there anything that would adversely affect public confidence in your appointment or service? Yes No If yes, please explain on a separate sheet of paper. Signature Date Return Completed Form to:



Please complete the following information in full, current resume or biography and return to the address below.

Type or print in blue or black ink.

Return Completed Form to Anthony R. Aragon, Director	•	J		
		ignature	10/02/2014	
If yes, please explain on a se	eparate sheet of	- <u>-</u> 	10/03/3014	
Special Information: Is there anything that would a			your appointme	nt or service? Yes No
Marybeth Sussman	1437 Bannock	St Denver 80202	303-337-5	5555
oe Wisman – Horther		treet Denver 80203		<u>`</u>
Name Quasir Mohamedbhai	Addi 1518 Blake St I	ress		Number
References (List three person	s, not related to y	ou, whom you hav	re known at least	one vear):
Colorado Refugee network co				
African Today Associates, Univ		(or process;	
Memberships/ Organizations	_			.piotod: <u>1220</u>
Highest Level of Education of			Year Com	inleted: 1998
Denver City Council District			ty White	.,,2 0017,701
	or Driver's		Number	:92-0817961
Are you a registered voter?		— If so what cour	itv? Aranahoe	
Home E-mail Address: N/A		CON THORCE	uge1:/20-5+1-40/	<u> </u>
Home Phone:303-936-5230			_	
Home Address:3195 E. Phill	ips Drive	City: Centenni	al Zip	:_80122
Work Phone: 303-399-4500	X 313	Work/Home Fax:	303-399 <u>-</u> 4502	
Work E-mail Address: Jennif		, <u></u>	r·	
Work Address: 5250 leetsda		_		•
Occupation/Employer: Ethic			-	nmunity Center
		First N	-	
Board or Commission you as	re applying for:	Denver Immigrat	nt and Refugee C	<u>ommission</u>

Fax: (720) 865-8787

1437 Bannock Street, Room 350

anthony.aragon@denvergov.org

Denver, CO 80202 Phone: (720) 865-9032



Please complete the following information in full, current resume or biography and return to the address below.

Type or print in blue or black ink.

	Board or Commission you are applying for: Immigrant and Refugee
	Last Name: Herrer G. First Name: Maricyoz
	Occupation/Employer: Community Connector Westwood unides
	Work Address: 4200 Morrison VD City: DenugoZip: 50219
	Work E-mail Address: Westwoodunidos.com
	Work Phone: Work/Home Fax:
	Home Address: 4710 W Tenessee Av City: Denver Zip: 90219
	Home Phone: (720) 849-60 82 Cell Phone/ Pager:
	Home E-mail Address: Max Crazherrera 30@ yahoo.com
	Are you a registered voter? Yes If so, what county?
	Colorado ID or Driver's License Number: 13 - 260-0533
	Denver City Council District No.: 3 Ethnicity Hispanic
	Highest Level of Education or Degree Earned: High School Year Completed: 2004
	Memberships/Organizations/Volunteer Activities (include past or present): Westwood Unidos, Revision International, Bucu West, 9to5 Colorado, Padres y Jovenes Unidos,
	Livewell, ULC
	References (List three persons, not related to you, whom you have known at least one year): Name Address Phone Number
	Rachel Cleaves 720-217-5468
	Zoe Williams 1634 Dawning St. 303-628-0925
nclman	Paul Lopéz 4200 Morrison Rd 7-20-337-3333
	Special Information: Is there anything that would adversely affect public confidence in your appointment or service? Yes No If yes, please explain on a separate sheet of paper.
	M. A. M. Qlialis
	Signature Date
	Return Completed Form to: Anthony R. Aragon, Director of Boards and Commissions 1437 Bannock Street, Room 350

Fax: (720) 865-8787

Denver, CO 80202 Phone: (720) 865-9032

anthony.aragon@denvergov.org



Please complete the following information in full. current resume or biography and return to the address below.

Type or print in blue or black ink.

Board or Commission you are applying for: IMMI GIONH & VORUME COMINN 551011
Last Name: C5mor First Name: You Mo
Occupation/Employer: Financial Consultaint / TIAH - CREE
Work Address: 1670 6(00 July Gutte 270 City: Denver Zip: 30709
Work E-mail Address: KOSMAN Q TOG - CYCF OYO
Work Phone: 303 - 607 - 53806 Work/Home Fax:
Home Address: 15907 E 1314 AVE City: 144000 Zip: 80011
Home Phone: Cell Phone/ Pager: 303-240 7795
Home E-mail Address: wahab Karima a) Smail Can
Are you a registered voter? (Yes) No If so, what county? Proposition
Colorado ID or Driver's License Number: 08 - 398 - 0553
Denver City Council District No.: Ethnicity Iffican (Ethnopien)
Highest Level of Education or Degree Earned: Wastols Year Completed: 2014 / JUNC
Memberships/ Organizations/ Volunteer Activities (include past or present):
Please refer to the Lesume attached.
References (List three persons, not related to you, whom you have known at least one year): Name Address Phone Number
Telly You 5389 5 valder way 720-350-9494
Yusur Wassan 2500 5 Havans 720 -933 - 9647
Tokac Carlithes 1670 s Broadway 790-939-4719
Special Information: Is there anything that would adversely affect public confidence in your appointment or service? Yes (No) If yes, please explain on a separate sheet of paper.
Man Gener 913019014
Signature Date Return Completed Form to: Anthony R. Arayon Director of Boards and Commissions

Fax: (720) 865-8787

1437 Bannock Street, Room 350

anthony aragon@denvergov.org

Denver, CO 80202 Phone: (720) 865-9032