

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: June 9, 2015

Please mark one: Bill Request or Resolution Request

1. Has your agency submitted this request in the last 12 months?

Yes No

If yes, please explain:

2. **Title:** *(Include a concise, one sentence description – please include name of company or contractor and contract control number - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.)*

To approve the Mayoral appointments of Sam DeLeo, Barbara Raynor, Jamie Sarche, Ruthie Starr and Sharron Williams to the Denver Commission on Aging for terms effective immediately and expiring August 31, 2017 or until a successor is duly appointed.

3. **Requesting Agency:** Mayor’s Office

4. **Contact Person:** *(With actual knowledge of proposed ordinance/resolution.)*

- **Name:** Anthony Aragon
- **Phone:** 720-865-9032
- **Email:** anthony.aragon@denvergov.org

5. **Contact Person:** *(With actual knowledge of proposed ordinance/resolution who will present the item at Mayor-Council and who will be available for first and second reading, if necessary.)*

- **Name:** Anthony Aragon
- **Phone:** 720-865-9032
- **Email:** anthony.aragon@denvergov.org

6. **General description of proposed ordinance including contract scope of work if applicable:**

[Insert general description here.]

****Please complete the following fields:** *(Incomplete fields may result in a delay in processing. If a field is not applicable, please enter N/A for that field – please do not leave blank.)*

- a. **Contract Control Number:**
- b. **Duration:** Terms effective immediately and expiring August 31, 2017
- c. **Location:**
- d. **Affected Council District:**
- e. **Benefits:**
- f. **Costs:**

7. **Is there any controversy surrounding this ordinance?** *(Groups or individuals who may have concerns about it?)* **Please explain.**

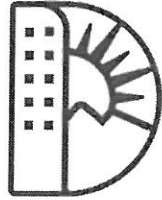
[Start typing here.]

To be completed by Mayor’s Legislative Team:

SIRE Tracking Number: _____

Date Entered: _____

BOARDS AND COMMISSIONS APPLICATION



DENVER THE MILE HIGH CITY

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

Type or print in blue or black ink.

Board or Commission you are applying for: Denver Commission on Aging

Last Name: DeLeo First Name: Sam

Occupation/Employer: The Denver Post

Work Address: 101 W. Colfax Ave. City: Denver Zip: 80202

Work E-mail Address: sdeleo@denverpost.com

Work Phone: 303-954-1437 Work/Home Fax: N/A

Home Address: 1123 Sherman St. City: Denver Zip: 80203

Home Phone: 303-837-1125 Cell Phone/ Pager: 720-271-9627

Home E-mail Address: sam.deleo@gmail.com

Are you a registered voter? Yes If so, what county? U.S.

Colorado ID or Driver's License Number: 95-020-0606

Denver City Council District No.: 10 Ethnicity Caucasion ^(a)

Highest Level of Education or Degree Earned: Bachelor's Degree in English Year Completed: 1985

Memberships/ Organizations/ Volunteer Activities (include past or present):

ACTS (Denver Post Charity organization)

Coloradans for Voting Integrity (voter rights association)

Volunteers of America

References (List three persons, not related to you, whom you have known at least one year):

Name	Address	Phone Number
<u>Tina Poe Obermeier</u>	<u>1350 Lawrence St; #9D; Denver, Colo. 80526</u>	<u>720-351-0839</u>

<u>Ric Soulen</u>	<u>1700 Overlook Dr.; Fort Collins, Colo. 80526</u>	<u>970-214-3943</u>
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<u>Mark Holly</u>	<u>23623 Genesee Village Rd.; Golden, Colo. 80401</u>	<u>303-717-3447</u>
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Special Information:

Is there anything that would adversely affect public confidence in your appointment or service? No
If yes, please explain on a separate sheet of paper.

BOARDS AND COMMISSIONS APPLICATION



Please complete the following information in full,
attach a cover letter, 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 Commission on Aging

Last Name: Raynor First Name: Barbara

Occupation/Employer: Managing Director, Boomers Leading Change in Health

Work Address: 425 S Cherry, Ste. 840 City: Denver Zip: 80246

Work E-mail Address: braynor@blcih.org

Work Phone: 303-426-6637 Work/Home Fax: 720-242-7671

Home Address: 475 S Newport Way City: Denver Zip: 80224

Home Phone: 303-322-0995 Cell Phone/ Pager: 303-847-1234

Home E-mail Address: babsraynor@comcast.net

Are you a registered voter? Yes No If so, what county? Denver

Denver City Council District No.: 5 Ethnicity (Optional) White

Highest Level of Education or Degree Earned: BS in Advertising Year Completed: 1981

Memberships/ Organizations/ Volunteer Activities (include past or present):

Various synagogues and Jewish Community Centers in San Antonio/Houston/Denver; Junior League of San Antonio; youth group advisor; Hurrican Katrina Relief Effort; Denver Art Museum; 2012 voter phone bank; member of numerous volunteer boards; speaker on aging issues

References (List three persons, not related to you, whom you have known at least one year):

Name	Address	Phone Number
<u>Therese Ellery</u>	<u>600 S Cherry, Ste. 1200 Denver 80246</u>	<u>303-398-7413</u>
<u>Janine Vanderburg</u>	<u>2465 Sheridan Blvd., Edgewater 80214</u>	<u>303-477-4896</u>
<u>Phil Nash</u>	<u>1299 Gilpin #8W, Denver 80218</u>	<u>303-458-1340</u>

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.

A handwritten signature in blue ink.

Signature

03/05/15

Date

Return Completed Form to:

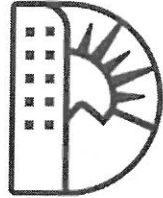
Anthony R. Aragon, Director of Boards and Commissions

City and County of Denver Building, Room 350

Denver, CO 80202 Phone: (720) 865-9032 Fax: (720) 865-8787

anthony.aragon@ci.denver.co.us

BOARDS AND COMMISSIONS APPLICATION



DENVER THE MILE HIGH CITY

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

Type or print in blue or black ink.

Board or Commission you are applying for: Denver Commission on Aging

Last Name: Sarche First Name: Jamie

Occupation/Employer: Director of Prearranged Funeral Planning at Feldman Mortuary

Work Address: 1673 York City: Denver Zip: 80206

Work E-mail Address: Jamie@feldmanmortuary.com

Work Phone: 303-322-7764 Work Fax: 303-377-3319

Home Address: 3914 S. Whiting Way City: Denver Zip: 80237

Home Phone: 303-771-0052 Cell Phone/ Pager: 720-404-6772

Home E-mail Address: Jamie.sarche@gmail.com

Are you a registered voter? **Yes** If so, what county? Denver

Colorado ID or Driver's License Number: 92-204-6646

Denver City Council District No.: 4 Ethnicity: Caucasian

Highest Level of Education or Degree Earned: B.A. Year Completed: 1991

Memberships/ Organizations/ Volunteer Activities (include past or present):

Member of the Jewish Family Service board of directors

Member of the Jewish Community Relations Council

Co-chair of the Colorado Jewish Professional Women

Candidate for the Colorado Trusted Advisors

Former member of the Great Education Colorado board of directors

References (List three persons, not related to you, whom you have known at least one year):

Name	Address	Phone Number
Joe Miklosi	Project Cure 10377 E. Geddes Ave., Centennial, 80112	303-9194748
Dawn Richard	Jewish Family Service 3201 S. Tamarac, Denver, 80231	303-597-5000
Liane Morrison	Great Education Colorado 1000 E. 16 th Denver, 80206	303-722-5501

Special Information:

Is there anything that would adversely affect public confidence in your appointment or service? **No**

Signature

Date

Return Completed Form to:

Anthony R. Aragon, Director of Boards and Commissions

1437 Bannock Street, Room 350

Denver, CO 80202 Phone: (720) 865-9032 Fax: (720) 865-8787

anthony.aragon@denvergov.org

BOARDS AND COMMISSIONS APPLICATION



Please complete the following information in full, attach a cover letter, 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: Aging
 Last Name: Starr First Name: Ruthie
 Occupation/Employer: R.N. / Trainer / American Red Cross
 Work Address: 750 S. Alton Way, 7A City: Denver Zip: 80206
 Work E-mail Address: ruthmontoya@earthlink.net
 Work Phone: 720 475 0558 Work/Home Fax: 303 333 2236
 Home Address: 415 Milwaukee City: Denver Zip: CO
 Home Phone: 303 333 2236 Cell Phone/Pager: _____
 Home E-mail Address: ruthie.starrdu@gmail.com
 Are you a registered voter? Yes No If so, what county? Denver
 Denver City Council District No.: _____ Ethnicity (Optional) Taos Pueblo / Hispanic
 Highest Level of Education or Degree Earned: Ba Communication Completed: 2014

Memberships/ Organizations/ Volunteer Activities (include past or present):
Stephen Minister present
Denver American Indian Commission - 2010-2012
Denver Museum of Nature & Science 2000-2010

References (List three persons, not related to you, whom you have known at least one year):

Name	Address	Phone Number
<u>Mathew Reeves</u>	<u>1040 S. 8th CSprings</u>	<u>719 785 2713</u>
<u>Gloria Smith</u>	<u>Iiff School Theology</u>	<u>773 216 0546</u>
<u>Gina Chilton Parris</u>	<u>536 Kalamath</u>	<u>720 273 1409</u>

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.

Ruth Marie Montoya Starr
 Signature Date 3/9/15

Return Completed Form to:
 Anthony R. Aragon, Director of Boards and Commissions
 City and County of Denver Building, Room 350
 Denver, CO 80202 Phone: (720) 865-9032 Fax: (720) 865-8787
 anthony.aragon@ci.denver.co.us

BOARDS AND COMMISSIONS APPLICATION



Please complete the following information in full,
attach a cover letter, 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 Commission on Aging
Last Name: Williams First Name: Sharron
Occupation/Employer: Optimal Healthcare Solutions / Nurse Entrepreneur
Work Address: 4340 Danube Way City: Denver Zip: 80249
Work E-mail Address: OptimalHealthcareSolutions@hotmail.com
Work Phone: (720) 394-4668 Work/Home Fax: (303) 576-8968
Home Address: 4340 Danube Way City: Denver Zip: 80249
Home Phone: (303) 576-8968 Cell Phone/ Pager: (720) 394-4668
Home E-mail Address: Shabby3856@yahoo.com
Are you a registered voter? Yes No If so, what county? _____
Denver City Council District No.: 5 Ethnicity (Optional) Hispanic American
Highest Level of Education or Degree Earned: BSN Year Completed: 4
Memberships/ Organizations/ Volunteer Activities (include past or present):
EastSide Denver Coalition

References (List three persons, not related to you, whom you have known at least one year):

Name	Address	Phone Number
<u>Virginia Munoz</u>	<u>2119 W. 54th Ave Denver 80221</u>	<u>(720) 339-6321</u>
<u>Lydia Flynn</u>	<u>19495 E. 40th Ave. Denver, 80249</u>	<u>(720) 935-0306</u>
<u>Irene Klausz</u>	<u>1282 Milwaukee St. Denver, CO 80206</u>	<u>(303) 333-5335</u>

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.

Sharron Williams
Signature

3/18/15
Date

Return Completed Form to:

Anthony R. Aragon, Director of Boards and Commissions
City and County of Denver Building, Room 350
Denver, CO 80202 Phone: (720) 865-9032 Fax: (720) 865-8787
anthony.aragon@ci.denver.co.us