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 Requ	est: August 26, 2014
Please mark one:	☐ Bill Request	or	XX Resolution Reques		gv. 20, 201
1. Has your agency	submitted this request in	the last 12 i	months?		
☐ Yes	XX No		•		
If yes, please	explain:				
	cates the type of request: g		ase include <u>name of compar</u> nce, contract execution, am		
Carrigan, Jess	sica Mardock and John Sin	mons to the	ervey & Denise Vargas and Crime Prevention & Contro il a successor is duly appoi	ol Commission for term	
3. Requesting Agend	cy: Mayor's Office				
Name: AnthPhone: 720-8			rdinance/resolution.)		
will be available for Name: Anthone: 720-8	or first and second reading ony Aragon	, if necessary	dinance/resolution <u>who wil</u> <u>2</u>)	l present the item at Ma	yor-Council and who
-	on of proposed ordinance	e including c	ontract scope of work if a	applicable:	
	following fields: (Incompl – please do not leave blan		y result in a delay in proce	ssing. If a field is not a	pplicable, please
a. Contractb. Durationc. Location;		diately and ex	xpire September 1, 2017		
	Council District:			·	
	oversy surrounding this	ordinance?	Groups or individuals who	o may have concerns ab	out it?) Please
[Start typing h	ere.]				
	To be	completed by	y Mayor's Legislative Tean	n:	
SIRE Tracking Number	:		Date Ent	tered:	

Printed Date: 08-26-2014

Prefix: UNDECLARED Last Name: HERVEY First Name: STACEY Middle Name:

Applicant\Appointee Record Id: 3511 Date Last Modified: November-30-2011 09:48:29 AM MST App Deleted Flag:

Occupation: CRIMINAL JUSTICE INSTRUCTOR

Employer: DPS-METRO STATE

Work Email: HERVEYS@MSCD.EDU
Work Address: 2650 ELIOT STREET

Work City: DENVER Work State: CO Work Zip: 80211 Work Zip Ext:

Work Phone: 720-423-6644 Work Phone Ext: Work Fax: Work Cell Phone:

Home Email:

Home Address: 3706 S. MISSION PARKWAY

Home City: AURORA Home State: CO Home Zip: 80013 Home Zip Ext:

Home Phone: Home Cell Phone: 720-987-7511

Birth Date: July-04-2776 12:00:0 Gender: FEMALE Ethnicity: CAUCASIAN GLBT: UNDECLARED

City Council District: UNDECLARED City Council Other:

Registered Voter: UNDECLARED Registered County: Political Affiliation: UNDECLARED

Education Level: Year Completed:

Experience: UNDECLARED Interest: UNDECLARED Confidence: UNDECLARED

Confidence Extension:

City Employed: NO Date Submitted: November-30-2011 09:48:29 AM MST

Boards Applying For:

CRIME PREVENTION AND CONTROL COMMISSION

References

Reference 1: First Name: Last Name: Phone: Reference 2: First Name: Last Name: Phone: Reference 3: First Name: Last Name: Phone:

Skills, Activities, Memberships, Resume/Cover Letter:

Board Assignment Information:

Relation Id: 4676 BoardName: CRIME PREVENTION AND CONTROL COMMISSION Delete Flag: N

Status: MEMBER Reason: APPOINTED Start Date: 11-21-2011 End Date: NONE Tech Date: 09-01-2014

Resolution: 11 0809 2011 Addendum: VICTIM ADVOCATE

Date Printed: 08-26-2014 Page 1 of 1

Printed Date: 08-26-2014

Prefix: UNDECLARED Last Name: VARGAS First Name: DENISE Middle Name:

Applicant\Appointee Record Id: 3510 Date Last Modified: November-30-2011 09:46:24 AM MST App Deleted Flag:

Occupation: SHERRIFF

Employer: DENVER COUNTY SHERRIFF S DEPARTMENT

Work Email: DENISE.VARGAS@DENVERGOV.ORG

Work Address: 10500 E. SMITH ROAD

Work City: DENVER Work State: CO Work Zip: 80239 Work Zip Ext:

Work Phone: 720-913-3788 Work Phone Ext: Work Fax: Work Cell Phone:

Home Email: HEY_DCV@YAHOO.COM Home Address: 1022 S. IRIS STREET

Home City: LAKEWOOD Home State: CO Home Zip: 80226 Home Zip Ext:

Home Phone: Home Cell Phone: 303-999-7043

Birth Date: July-04-2776 12:00:0 Gender: FEMALE Ethnicity: HISPANIC GLBT: UNDECLARED

City Council District: UNDECLARED City Council Other:

Registered Voter: UNDECLARED Registered County: Political Affiliation: UNDECLARED

Education Level: Year Completed:

Experience: UNDECLARED Interest: UNDECLARED Confidence: UNDECLARED

Confidence Extension:

City Employed: YES Date Submitted: November-30-2011 09:46:24 AM MST

Boards Applying For:

CRIME PREVENTION AND CONTROL COMMISSION

References

Reference 1: First Name: Last Name: Phone: Reference 2: First Name: Last Name: Phone: Reference 3: First Name: Last Name: Phone:

Skills, Activities, Memberships, Resume/Cover Letter:

Board Assignment Information:

Relation Id: 4938 BoardName: CRIME PREVENTION AND CONTROL COMMISSION Delete Flag: N
Status: MEMBER Reason: APPOINTED Start Date: 11-21-2011 End Date: NONE Tech Date: 09-01-2014

Resolution: 0809 2011 Addendum: PSYCHOLOGY

Date Printed: 08-26-2014 Page 1 of 1

Printed Date: 08-20-2014

Prefix: UNDECLARED Last Name: BREMER First Name: ROBERT Middle Name:

Applicant\Appointee Record Id: 3827 Date Last Modified: October-14-2013 10:46:17 AM MDT App Deleted Flag:

Occupation:

Employer: COLORADO ACCESS

Work Email:

Work Address: 10065 E. HARVARD AVENUE

Work City: DENVER Work State: CO Work Zip: 80231 Work Zip Ext:

Work Phone: 720-744-5240 Work Phone Ext: Work Fax: Work Cell Phone:

Home Email: BREMERRW@GMAIL.COM

Home Address: 21193 E. JEFFERSON AVENUE

Home City: AURORA Home State: CO Home Zip: 80013 Home Zip Ext:

Home Phone: 303-274-8506 Home Cell Phone: 303-502-7880

Birth Date: July-04-2776 12:00:0 Gender: MALE Ethnicity: CAUCASIAN GLBT: UNDECLARED

City Council District: UNDECLARED City Council Other:

Registered Voter: YES Registered County: ARAPAHOE Political Affiliation: UNDECLARED

Education Level: Year Completed:

Experience: UNDECLARED Interest: UNDECLARED Confidence: UNDECLARED

Confidence Extension:

City Employed: UNDECLARED Date Submitted: October-14-2013 10:46:17 AM MDT

Boards Applying For:

DENVER DRUG STRATEGY COMMISSION

References

Reference 1: First Name: Last Name: Phone: Reference 2: First Name: Last Name: Phone: Reference 3: First Name: Last Name: Phone:

Skills, Activities, Memberships, Resume/Cover Letter:

Board Assignment Information:

Relation Id: 5099 BoardName: DENVER DRUG STRATEGY COMMISSION Delete Flag: N

Status: MEMBER Reason: APPOINTED Start Date: 10-07-2013 End Date: NONE Tech Date: 01-24-2016

Resolution: Addendum:

Date Printed: 08-20-2014 Page 1 of 1

BOARDS AND COMMISSIONS APPLICATION



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.

	,					
· · · · · · · · · · · · · · · · · · ·	rime Prevention and Control Commission					
Last Name: Carrigan	First Name: Michael					
Occupation/Employer: Partner / Holland & F	lart LLP					
Work Address: 555 17th Street, Suite 3200	City: Denver Zip: 80202					
Work E-mail Address: mcarrigan@hollandha	rt.com					
Work Phone: 303-295-8384						
Home Address: 9839 East 28th Avenue	City: Denver Zip: 80238					
Home Phone: 303-336-7070	Cell Phone/ Pager: <u>303-601-7667</u>					
Home E-mail Address: same as above						
Are you a registered voter? Yes xx No	If so, what county? Denver					
Colorado ID or Driver's License Number: 92-036-4048						
Denver City Council District No.: 11	Ethnicity Caucasian					
Highest Level of Education or Degree Earned	: <u>Juris Doctor</u> Year Completed: <u>1994</u>					
Memberships/ Organizations/ Volunteer Activities (include past or present):						
Member, University of Colorado Board of Re Member, LARASA Board of Director, 2005 – Member, Easter Seals Board of Directors, 200	gents, 2005 – present, Chair 2012-2014 - 2011 03-2009					
References (List three persons, not related to Name Add	you, whom you have known at least one year): ress Phone Number D Box 100430, Denver, CO 80250, (303) 378-7887 oulder, CO 80302, (303) 441-3798					
If yes, please explain on a separate sheet of	public confidence in your appointment or service? No X paper Company Company Date					
Return Completed Form to: Anthony R. Aragon, Director of Boards and C 1437 Bannock Street, Room 350						

Fax: (720) 865-8787

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

anthony aragon@denvergov.org

BOARDS AND COMMISSIONS APPLICATION

Type or print in blue or black ink.

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

•	Signature		
f yes, please explain on a sepa	rate sheet of paper.		
s there anything that would adv	=	ce in your appointmen	at or service? Yes No
Special Information:			
Darlanne Hoctor Mulmat,	SANDAG, San Diego, CA,	619-69	99-7326
Susan Calhoun Stuber, Ph.D.	Colorado State University -I	Pueblo, Pueblo, CO, 7	19-549-2979
Cheryl Lero Jonson, Ph.D.	Xavier University, Cincinna	ati, OH, 513-56	0-6699
Name	Address	Phone Numbe	r
References (List three persons,	not related to you, whom you	have known at least o	one year):
· · · · · · · · · · · · · · · · · · ·	-	: · · · · · · · · · · · · · · · · · · ·	
Reduce Violence: National Nety			
Criminal Justice Sciences; Cinc		•	•
Governments, Criminal Justice		•	-
University of Cincinnati Policir		- · · · · · · · ·	Diego Association of
Memberships/ Organizations/ V		•	
Highest Level of Education or l		 -	To Be done - 12/14
Denver City Council District No		icity <u>Caucasian</u>	
Colorado ID or Driver's Licen	•	· · · · · · · · · · · · · · · · · · ·	
Are you a registered voter? Y		ounty? Denver	
Home E-mail Address: <u>jessic</u>	"		
-	·	/ Pager: same	
Home Address: 1165 Columbia		nver Zip:	80206
—-	Work/Home	Fax∙ n/a	
Work E-mail Address: <u>jessic</u>		y. <u>Denver</u> 21p. ₋	
Work Address: University of	, , , , , , , , , , , , , , , , , , , ,		
Occupation/Employer: Acade			
Last Name: Mardock	apprying for <u>Crime Freventi</u> First Name:	:	11551011
Board or Commission you are	analying for Crima Dravant	on and Control Comm	niggio n

Printed Date: 08-20-2014

Prefix: UNDECLARED Last Name: SIMMONS First Name: JOHN Middle Name:

Applicant\Appointee Record Id: 3314 Date Last Modified: October-26-2010 10:37:43 AM MDT App Deleted Flag:

Occupation: EXECUTIVE DIRECTOR OF STUDENT SERVICES

Employer: DENVER PUBLIC SCHOOLS

Work Email:

Work Address: 900 GRANT STREET

Work City: DENVER Work State: CO Work Zip: 80203 Work Zip Ext:

Work Phone: 720-423-3437 Work Phone Ext: Work Fax: Work Cell Phone:

Home Email: JOHN_SIMMONS@DPSK12.ORG Home Address: 18162 SASKATOON PLACE

Home City: PARKER Home State: CO Home Zip: 80134 Home Zip Ext:

Home Phone: 720-379-3926 Home Cell Phone:

Birth Date: July-04-2776 12:00:0 Gender: MALE Ethnicity: CAUCASIAN GLBT: UNDECLARED

City Council District: UNDECLARED City Council Other:

Registered Voter: UNDECLARED Registered County: Political Affiliation: UNDECLARED

Education Level: Year Completed:

Experience: UNDECLARED Interest: UNDECLARED Confidence: UNDECLARED

Confidence Extension:

City Employed: UNDECLARED Date Submitted: October-26-2010 10:37:43 AM MDT

Boards Applying For:

No boards listed.

References

Reference 1: First Name: Last Name: Phone: Reference 2: First Name: Last Name: Phone: Reference 3: First Name: Last Name: Phone:

Skills, Activities, Memberships, Resume/Cover Letter:

Board Assignment Information:

Relation Id: 4424 BoardName: DENVER DRUG STRATEGY COMMISSION Delete Flag: N

Status: MEMBER Reason: REAPPOINTED Start Date: 01-30-2013 End Date: NONE Tech Date: 01-24-2016

Resolution: Addendum: REAPPT

Date Printed: 08-20-2014 Page 1 of 1