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.

	A				<u> </u>	· .			
				**************************************	- 1 d - 12		Date of Re	quest:	February 29, 2012
Ple	ase mark one:	Bill Request	or	X[<u>X</u>]	Resolution Req	_{[uest}			
1.	Has your agency su	ubmitted this request in	n the last 1	2 montł	hs?		•		•
	☐ Yes	XX No							
	If yes, please e	xplain:				·			
2.		oncise, one sentence desc tes the type of request: g st, etc.)							
	To approve the Commission or duly appointed.	Mayoral reappointment Cultural Affairs for a to	s of Gwina erm effectiv	vere Joh ve imme	nston, Gillian Sil diately and expiri	verman an ing on Aug	id Kent Talm gust 31, 2012	nage-Bov 2 OR unt	wers to the Denver il a successor is
3.	Requesting Agency	y: Mayor's Office							
4.	Name: AnthoPhone: 720-86			' ordinar	nce/resolution.)	·			
5.	will be available for ■ Name: Antho ■ Phone: 720-86		ig, <i>if necess</i>		ce/resolution <u>who</u>	o will pres	ent the item o	at Mayo	r-Council and who
6.	-	n of proposed ordinand description here.]	ce includin	g contra	act scope of worl	k if applic	able:		
		f ollowing fields: (Incom _i - please do not leave bla		may res	ult in a delay in p	rocessing.	If a field is	not app	licable, please
	a. Contract	Control Number:						•	÷
	b. Duration:		ately and ex	cpires or	n August 31, 2012	2	-		
	c. Location:								•
		Council District:							
	e. Benefits:								
	f. Costs:	. *			·				
7.	Is there any contro	oversy surrounding thi	s ordinanc	e? (Gro	ups or individuals	s who may	have concer	ns abou	t it?) Please
	[Start typing he	ere.]							
					i i				
		To t	pe complete	d by Ma	yor's Legislative	Team:			
CII	RE Tracking Number	•			Dat	te Entered:	<u>.</u>		

Boards and Commissions - Applicant Information

Printed Date: 02-29-2012

Prefix: UNDECLARED Last Name: JOHNSTON First Name: GWINAVERE Middle Name:

Applicant\Appointee Record Id: 3340 Date Last Modified: January-18-2011 12:02:39 PM MST App Deleted Flag:

Occupation: CEO

Employer: JOHNSTONWELLS PUBLIC RELATIONS

Work Email: GWIN@JOHNSTONWELLS.COM

Work Address: 1600 WYNKOOP STREET, SUITE 300

Work City: DENVER Work State: CO Work Zip: 80202 Work Zip Ext:

Work Phone: 303-623-3366 Work Phone Ext: Work Fax: Work Cell Phone:

Home Email:

Home Address:

Home City: Home State: CO Home Zip: Home Zip Ext: Home Phone: 303-322-9188 Home Cell Phone: 303-437-3377

Birth Date: July-04-2776 12:00:0 Gender: UNDECLARED Ethnicity: UNDECLARED 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: January-18-2011 12:02:39 PM MST

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: 4452 BoardName: DENVER COMMISSION ON CULTURAL AFFAIRS Delete Flag: N

Status: MEMBER Reason: APPOINTED Start Date: 01-18-2009 End Date: NONE Tech Date: 01-31-2012

Resolution: Addendum:

Boards and Commissions - Applicant Information

Printed Date: 02-29-2012

Prefix: UNDECLARED Last Name: SILVERMAN First Name: GILLIAN Middle Name:

Applicant\Appointee Record Id: 3342 Date Last Modified: January-18-2011 12:16:57 PM MST App Deleted Flag:

Occupation: ASSISTANT PROFESSOR Employer: UNIVERSITY OF COLORADO

Work Email:

Work Address: 3395 WEST 31ST AVENUE

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

Work Phone: 303-556-4529 Work Phone Ext: Work Fax: Work Cell Phone:

Home Email:

Home Address:

Home City: Home State: CO Home Zip: Home Zip Ext:

Home Phone: Home Cell Phone:

Birth Date: July-04-2776 12:00:0 Gender: UNDECLARED Ethnicity: UNDECLARED 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: January-18-2011 12:16:57 PM MST

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: 4455 BoardName: DENVER COMMISSION ON CULTURAL AFFAIRS Delete Flag: N

Status: MEMBER Reason: APPOINTED Start Date: 01-01-2009 End Date: NONE Tech Date: 01-31-2012

Resolution: Addendum:

Date Printed: 02-29-2012 Page 1 of 1

Boards and Commissions - Applicant Information

Printed Date: 02-29-2012

Prefix: UNDECLARED Last Name: TALMAGE-BOWERS First Name: KENT Middle Name:

Applicant\Appointee Record Id: 3343 Date Last Modified: January-18-2011 12:34:58 PM MST App Deleted Flag:

Occupation:

Employer: COMMUNITY COLLEGE OF AURORA

Work Email: Work Address:

Work State: CO Work Zip: Work Zip Ext: Work City:

Work Phone: 303-360-4719 Work Phone Ext: Work Fax: **Work Cell Phone:**

Home Email:

Home Address: 625 EUDORA STREET

Home City: DENVER Home State: CO Home Zip: 80220 Home Zip Ext:

Home Phone: 303-399-5594 Home Cell Phone:

Birth Date: July-04-2776 12:00:0 Gender: UNDECLARED Ethnicity: UNDECLARED 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: January-18-2011 12:34:58 PM MST

Boards Applying For:

No boards listed.

References

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

Reference 3: First Name: Last Name:

Skills, Activities, Memberships, Resume/Cover Letter:

Board Assignment Information:

Relation Id: 4456 BoardName: DENVER COMMISSION ON CULTURAL AFFAIRS Delete Flag: N

Status: MEMBER Reason: APPOINTED Start Date: 01-18-2009 End Date: NONE Tech Date: 01-31-2012

Resolution: Addendum:

Date Printed: 02-29-2012 Page 1 of 1