



MEASURE C CITIZEN OVERSIGHT COMMITTEE

Citizen Oversight Committee – APPLICATION FORM
(Please print legibly or type)

Name of Applicant: Jonathan Leiva Castillo

Residential Information

Street Address: 638 N. Juanita st Phone: 559-296-6194
City: Mendota Cell Phone: 559-296-6194
State/Zip Code: California; 93640 (Optional)
E-mail: leivaj559@gmail.com Fax: _____

Employment Information

Employer: Madera Community Hospital
Title: Medical Assistant
Work Address: 1250 E. Almond Ave Phone: 559-675-5555
City: Madera Fax: _____
State/Zip Code: CA 93637
E-mail: _____

Eligibility Requirements

By signing this application form I hereby certify that:

1. I am a U.S. citizen 18 years of age or older and reside within Fresno County.
2. I am not an elected official at any level of government
3. I am not a public employee from Fresno County, nor of any of the incorporated cities in Fresno County, Caltrans, the Fresno County Transportation Authority (Authority), or the Council of Fresno County Governments (Fresno COG).
4. I have no economic interest in any of the Authority's projects.
5. I will submit an annual statement of financial disclosure consistent with Fair Political Practices Commission (FPPC) rules and regulations to be filed with the Authority.

Area or Community Represented

I wish to be considered for the following position(s) - Check one or more box(es) below to affirm your interest:

- Community Organization representative: (See requirement below)
Attach a letter of recommendation from the organization you wish to represent on the Citizen Oversight Committee
- Unincorporated rural area west of State Route 99 (supervisorial district 1)
- Unincorporated rural area east of State Route 99 (supervisorial district 5)

Additional Information

Please briefly explain why you are interested in serving on the Citizen Oversight Committee.

I am interested in serving on the COC because I want to learn about the management of public funds. This is a opportunity to represent my community and the west side of Fresno County. Thank you for the consideration.

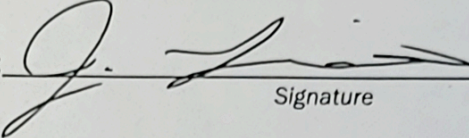
List past/present professional/community affiliations, including any elected positions previously held (please list dates served):

Westside Youth, Inc - Mendota, CA 2017-2019

Mendota Youth Recreation - Mendota, CA 2015-2016

Required Signature

I declare under penalty of perjury the above information is true and correct.

Date: 8/18/21 Applicant: 
Signature

Resume or letters of recommendation may be attached. All Community Organization applicants must provide a letter of recommendation from the organization they propose to represent.

RETURN COMPLETED, SIGNED APPLICATION and other required documentation to:

Measure C COC
c/o Brenda Veenendaal
Fresno COG
2035 Tulare Street, Suite 201
Fresno, CA 93721

Email: brendav@fresnocog.org

Telephone: 559.233.4148 ext. 219

APPLICATIONS WILL BE KEPT ON FILE FOR TWO YEARS.

OFFICE USE ONLY:

DATE STAMP OR DATE RECEIVED: