



MEASURE C CITIZEN OVERSIGHT COMMITTEE

Citizen Oversight Committee – APPLICATION FORM

(Please print legibly or type)

Name of Applicant: Lindsey Hopson

Residential Information

Street Address: 13245 S. Willow Ave Phone: (559) 350-8438
 City: Selma Cell Phone: (559) 350-8438
 State/Zip Code: CA / 93662 (Optional)
 E-mail: Lindsey.domenicali@gmail.com Fax: _____

Employment Information

Employer: Quinn CAT
 Title: Supervisor
 Work Address: 10273 S. Golden State Blvd Phone: (559) 350-8438
 City: Selma Fax: _____
 State/Zip Code: CA/93662
 E-mail: Lindsey.Hopson@Quinnlift.com

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)
- Fresno-Clovis Metropolitan Area (Supervisorial district 4)

Additional Information

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

I believe my skills and experience align well with the committee's values and I am excited about the opportunity to contribute to its success. I want to contribute to a positive impact on the lives of the people in our communities.

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

N/A.

Required Signature

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

Date: 4/29/2024 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 Jake Martinez
Fresno COG
2035 Tulare Street, Suite 201
Fresno, CA 93721

Email: jmartinez@fresnocog.org

Telephone: 559.233.4148 ext. 207

APPLICATIONS WILL BE KEPT ON FILE FOR TWO YEARS.

OFFICE USE ONLY:

DATE STAMP OR DATE RECEIVED: