

TOWN OF DUNDEE TOWN COMMISSION APPOINTMENT INFORMATION

Board, Committee, or Seat Desired:

	Name:	Kitto	K	Pllin		T	
	Name.	(Last)		(First)		(Middle)	
	Address:	(Home) 150 K	tto 1	<u>one</u>			
	Phone:	(Email) Kevin a q (Home) 863-207-7	okiti	CWork	363-20	7-7772	
	Employer:	Self	7 10	(,,,,,,,,	-7 <u>000 X0</u>		
	Position:	Dwrei			_Years/Mont	hs: HOyea	15
						·	
	Please answer the following:				Check () one:		
	Are you a res	sident of the Town of Dunde	e?		Yes 🗸	No	
	Are you a reg	gistered voter?			Yes	No	
×	Have you reviewed the qualification requirements to serve on the Town Commission?			serve on	Yes	No	
χ	Have you reviewed financial disclosure requirements?				Yes 🗸	No	
×	Have you reviewed and submitted an Appointment Oath?			eth?	Yes	No	
	Have you ever served on a Town Board/Committee?				Yes	No	
	• If yes	, when and which Board(s)/	Committee	(s)?	Dmm1881	DM	
				,	0273.4113		
	Are you a Town of Dundee employee?				Yes	No X	
	How long have you lived in Dundee?				Years/Mont	ns: 35	

Please state your reason for wanting to serve on this Board/Committee/Commission Seat.						
To help the Town						
Describe your background and qualifications for	the Board/Committee/Commission Seat					
for which you seek appointment?	,					
Been on Commission For	4 years					
Mayor Rig 2 Mears)					
Mayor Rord years Love this town						
1010 1115 10011						
Are there any potential conflicts, which would r	nake it difficult for you to render objective					
judgment on questions, which come before to which you seek appointment?:	the Board/Committee/Commission Seat					
No						
	3-49					
REFERENCES:						
Name Address	Phone					
Dropertal R						
0 COEXTE IX						
reggie Baxter						
John ta zzin						
Nat Birdsong						
Florida Statute 166.0442 permits local governments to apply a conditi	oned security-criminal background investigation and fingerprint					
requirement to all new and incumbent appointees provided an ordinance a means by which legally allowed level 2 background security checks and emp	na not mere poucy is in place. Florida statute 435.04 sets forth the objection of the conducted.					
the state of the s	A 1 No Date 11-19-211					
1). Signature required if NOT submitting electronically: *	The same I do the					
2). To elect submission via email with no signature, click her	e: SUBMIT					





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STATE OF FLORIDA COUNTY OF POLK

BEFORE ME, I personally appeared to the below notary and swear or affirm that the following information is true and correct.

1.	I am qualifying to become a candidate for consideration for the office of Town Commissioner for an at-large Seat #2 in the Town of Dundee vacancy appointment.						
	I have resided within the Town of Dundee municipal limits for not less than one (1) full calendar year immediately preceding the date of						
3.	My legal address is 150 kitto hone Jundee, which is located within the municipal boundaries of the Town of Dundee, Florida and I understand that I must maintain a legal residence within the municipal limits to be eligible to hold the office of city commissioner.						
4.	I am a registered elector of the Town of Dundee, Florida.						
5.	I am qualified under the Constitution and the Laws of the State of Florida to hold office to which I desire to be appointed. I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned to run from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.						
6.	I agree to qualify and to serve in such office for which I am appointed.						
7.	I acknowledge that, during the 2023 legislative session, Senate Bill 774 (SB 774) was passed and thereafter codified at Laws of Florida 2023-09, amending §112.3144, Florida Statutes (2023), changing the financial disclosure requirements for all elected members of the municipal governing board to file the Form 6 Financial Disclosure.						
Ар	plicant Signature						
OATH OR AFFIRMATION Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this							
Kevin Killo (name of the person making statement).							
_	nature of Notary Public – State of Florida Commission # HH 276250 My Comm. Expires Jun 14, 2026 Bonced through National Notary Assn.						
Print, Type, or Stamp the Name of the Notary Personally Known OR Produced Identification							