

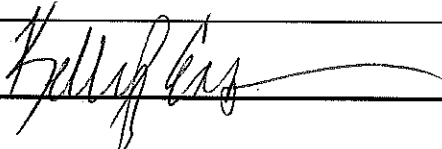
JAN 04 2019



CITY OF WINSTON-SALEM
OFFICE OF THE MAYOR - ALLEN JOINES

**CITIZEN APPLICATION FOR ADVISORY
BOARDS AND COMMISSIONS**

| | | | | |
|--|---|-------------------------|---|---------------|
| | | Date: | January 4, 2018 | |
| Last Name: | Easton | | First Name: | Kellie |
| | | | Middle Initial: | P |
| Gender: | <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | Race: | Black | Birthdate: |
| | | | | July 10, 1981 |
| Email: | kellie@eastonreidgroup.com | | Home Phone: | 443.621.7420 |
| Daytime Phone: | 336.734.6902 | Cell Phone: | 443.621.7420 | |
| Home Address: | 422 Apex Dr Lexington, NC 27292 | | | |
| Live in Winston-Salem City Limits? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Live in Forsyth County? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Are you a graduate of the City of Winston-Salem University? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Year | | |
| Current Occupation/Title | Co-Founder, COO | | | |
| Employer/Business Name | Easton Reid Group | | | |
| Business Address (with zip code): | 1922 S. Martin Luther King Dr #222, Winston-Salem, NC 27107 | | | |
| Supervisor's Name: | Owner | | | |
| Education: | <input type="checkbox"/> High School <input checked="" type="checkbox"/> College <input type="checkbox"/> Graduate School <input type="checkbox"/> Other: | | | |
| Degree and Subject of Study: | Information Systems and Sciences | | | |
| School Name/Years Attended: | Morgan State University | | | |
| Applying for Board/Commission (enter one): | M/WBE Advisory Committee | | | |
| Why are you interested in serving on that Board/Commission? | In order to effect change for minority and women business owners through economic development policies. | | | |
| What Board or Commission are you currently serving? | N/A for the City of Winston-Salem | | | |
| | Term Expiration Date: | N/A | | |
| Are you willing to serve on any other Board/Commission? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, please list: | Tourism Development Authority | | | |
| Are you interested in serving in any other community volunteer activities? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, please list: | I am interested in economic development & education | | | |
| Interests/Skills/Areas of Expertise/ Professional Organizations: | Strategic planning, project management, business development, integrated marketing, communications, brand development, campaign management, community relations, government relations | | | |

| List two professional references below: | | | |
|--|---------------|---|-----------------------------|
| 1. | Name: | Rev. Alvin Carlisle | Daytime Phone: 336.575.9330 |
| | Address: | 4130 Oak Ridge Dr, Winston-Salem, NC 27105 | |
| | Relationship: | Community Involvement | |
| 2. | Name: | Ms. Hazel Mack | Daytime Phone: 336.655 |
| | Address: | 437 Goldfloss St, Winston-Salem, NC 27127 | |
| | Relationship: | Client | |
| AFFIRMATION OF ELIGIBILITY | | | |
| Has any formal charge of professional misconduct, criminal misdemeanor, or felony ever been filed against you in any jurisdiction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| If yes, explain. | | | |
| Is there any possible conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee to a Board/Commission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| If yes, explain. | | | |
| I understand this application is public record, and I certify the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to background checks and to the investigation and verification of all statements contained herein. I further authorize all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation. I understand and agree any misstatement or conduct will be cause for my removal from any board or commission. | | | |
| Signature of Applicant: <i>(Please print and sign.)</i> | |  | Date: 1/4/2019 |

PLEASE ATTACH RESUME

RETURN COMPLETED FORM TO:

Mayor's Office, P.O. Box 2511, Winston-Salem, NC 27102

Website: <http://www.CityofWS.org/Government/PublicMeetings>

Email: MayorsOffice@CityofWS.org Fax: 336-748-3241 Telephone: 336-727-2058

Note: Applications will be kept on file for two years from the date of application.