



## Nomination of Designated Members of the Measure A Citizens' Oversight Committee ("COC")

The following information is submitted by the Nominating Authority to nominate one or more individuals to be considered to serve as a Designated Member on the COC, in accordance with CVMC chapter 2.63.

### Qualifications Applicable to All COC Members<sup>1</sup>:

- Must be qualified electors, (City residents who are qualified and registered to vote in the City).
- Must NOT be a current City employee or current elected City official, unless otherwise specified below.

### NOMINATING AUTHORITY:

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Chula Vista Chamber of Commerce;</b> <i>nominee(s) must be a member of the Chamber</i>   | <input type="checkbox"/> <b>Chula Vista Police Officers Association (POA);</b> <i>nominee(s) must be an active member of this association; nominee <u>may</u> be a City employee</i> |
| <input type="checkbox"/> <b>Chula Vista International Association of Fire Fighters (IAFF);</b> <i>nominee(s) must be an active member of this association; nominee <u>may</u> be a City employee</i> | <input type="checkbox"/> <b>Growth Management Oversight Commission;</b> <i>nominee(s) must be from this commission</i>   |
| <input type="checkbox"/> <b>Association of Chula Vista Employees (ACE);</b> <i>nominee(s) must be an active member of this association; nominee <u>may</u> be a City employee</i>                    | <input type="checkbox"/> <b>Chula Vista Fire Chief</b>   |
|  | <input checked="" type="checkbox"/> <b>Chula Vista Middle Management/Professional (MM/PROF) Employee Group</b>   |
| <br><input type="checkbox"/> <b>Chula Vista Police Chief</b>   |  |

### DESIGNATED MEMBER NOMINEE(S):

Up to three nominees may be submitted. Please attach contact information for each Nominee. (See, CVMC Chapter 2.63 for additional information.)

	Nominee's First and Last Name	Nominee's Email Address	Nominee's Phone Number
1.	Lynnette Tessitore		
2.			
3.			

### CERTIFICATION

I certify under penalty of perjury that the above Nominees were selected in accordance with all applicable policies and procedures of the Nominating Authority I represent, and that I am authorized to submit them for consideration.

Signature: \_\_\_\_\_

Date: 11.7.18

Phone Number: \_\_\_\_\_

Printed Name: Lynnette Tessitore

Email: \_\_\_\_\_

Position with Nominating Authority: MM/PR President

After completing this form, please return to the City Clerk in person, by mail, or by email at [cityclerk@chulavistaca.gov](mailto:cityclerk@chulavistaca.gov).

<sup>1</sup> CVMC 2.63.050(B)