

Staff Use Only:

Council District

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This application is a

Reappointment

New Appointment

GREENVILLE COUNTY SPECIAL TAX DISTRICT APPLICATION

Donaldson Fire Service Area

An individual may only apply to serve on one board or commission during any election cycle.

In order for your application to be given consideration, it is critical that you answer all of the following questions as completely as possible.

Mr Mrs Ms Miss Michael Felix

Home Address 105 Grenadier Ct City Simpsonville

Zip 29681 Home Phone _____ Work Phone _____

Voter Registration Number _____ Email _____

****You must be registered to vote in Greenville County at the time of application**

Occupation Finance Manager

Employer Lockheed Martin

Employer Address

244 Terminal Rd

Greenville, SC 29605

Volunteer Experience

2 Years as Commissioner for the Donaldson Fire Department.

20+ years working with Board for Condominium Association in OC, Maryland.

Do you currently hold any elected or appointed office or commission Yes

If yes, list Commissioner on Donaldson Fire Center Board

Have you ever been fined for any ethics violations? No

If so, please comment _____

Describe your understanding of the role of a member of the board or commission to which you are applying _____

Work with Board of Commissioners to support the activities of the Fire Department. Ensure appropriate actions taken with regard establishing annual budget, spending for operation of the department and supporting and advising in the running of the fire department as items arise.

What specific skills do you believe you could contribute as a member of this board or commission? _____

Senior Financial executive for Lockheed Martin Operations at the Donaldson site of SCTAC. PRevious experience in CFO type positions in different businesses across Lockheed Martin.

Have you ever been convicted of a crime other than a minor traffic violation?

Yes

No

Do you, any member of your family or a business with which you or a member of your family is associated, provide goods and/or services to this board for payment?

Yes

No

Statement

By my signature, I state that all information contained in this application is true and accurate to the best of my knowledge.

I understand it is my responsibility to insure my application is submitted within the application period and that it has been received by the County Council Office.

I understand my appointment to the board for which I am applying will not result in me receiving any compensation for my service.

Signature _____

Date _____

Recommended by _____

Please return completed form to:

**Greenville County Council
301 University Ridge, Suite 2400
Greenville, SC 29601-3665**

If you have questions, please call 467-7115 or check the www.greenvillecounty.org website.