HERNANDO COUNTY
BOARD OF COUNTY COMMISSIONERS
BOARD/COMMITTEE APPLICATION

RECEIVED
JUL 28 2025
By Demetris Williams-Fagan

Please type or print clearly

Name of Board/Committee Affordable Housing Committee

Check one: ☑ **Full Member Position**
☐ **Alternate Member Position**

Name Lashaundra Ellison
(Your name must be listed as it appears on your voter registration card)

THE FOLLOWING INFORMATION IS REQUIRED FOR COUNTY RECORDS AND BECOMES PUBLIC RECORD UPON SUBMITTING THIS APPLICATION. IF YOU BELIEVE THAT YOU QUALIFY FOR AN EXEMPTION TO THE RELEASE OF THIS INFORMATION, PURSUANT TO F.S. 119.07, PLEASE STATE THE BASIS OF YOUR EXEMPTION. YOUR FAILURE TO ANSWER FULLY AND TRUTHFULLY ALL QUESTIONS COULD RESULT IN YOUR APPLICATION BEING DENIED OR YOUR SUBSEQUENT REMOVAL FROM ANY BOARD/COMMITTEE IF APPOINTED.

Address 2 Kings Circle

City Brooksville **Zip** 34601

Telephone 352-584-2312 **(home)** _____ **(business)**

E-mail address Lellison@hernandocounty.us

Are you a resident of Hernando County? Yes

Voter Registration Number _____

Education Bachelor's in Business Administration
(Please include any certificates, awards, diplomas, degrees, professional license numbers, etc.)
Sales Associate SL 3385630

Employment History Hernando County Government since November 2011.
(Attach a resume if available)

Licenses or Certificates Held Sales Assocciate, FL Driver's License

Have you ever previously applied for a position on any County Board/Committee? NO

If yes, please state the Board(s)/Committee(s) you applied for, when you applied, and whether you were appointed.
N/A

Have you ever been convicted, plead guilty or no contest, or entered into PTI for a felony or 1st/ 2nd degree misdemeanor? No
Answering yes does not automatically disqualify you for consideration.

If yes, what charges? N/A

Are you currently involved as a defendant in a criminal case? N/A

If yes, what charges? N/A

Have you ever been named as a defendant in a civil action suit? N/A

If yes, when and describe action. N/A

Please state your reasons for applying to this Board/Committee My belief that safe, decent and affordable housing is a fundamental human right and essential for a healthy and thriving community. I would love to be involved with a committee that addresses a critical community need.

Please list three character references of persons NOT related to, NOT an employer, NOT an employee of you or your company, and whom you have known at least one (1) year. Please include addresses and phone numbers.

1. Mrs. Janice Smith 352-650-5211
2. Dr. Eshonda Swackard 1-813-428-4520
3. Anita Sanchez 352-835-2883

I hereby request consideration as a committee/board appointee. It is my intention to familiarize myself to the duties and responsibilities of the office to which I may be appointed, and to fulfill the appointment to the best of my ability, exercising good judgement, fairness, impartiality, and faithful attendance. By my signature below, I hereby authorize Hernando County to check my references and my background, including, without limitation, obtaining a criminal history check. I also agree to file a Financial Disclosure form as required by State law, if applicable, and abide by provisions of the State Sunshine Law.

I hereby swear and affirm, under Penalty of Perjury, that the above information is true and correct.

Applicant s signature Lashaundra Ellison 07/24/2025

(Please direct all inquiries to the County Administrator s Office at 754-4002.)

Completed applications may be submitted to the County Administrator's office, 15470 Flight Path Drive, Brooksville, Florida 34604, or faxed to 352-754-4025 Attention: Jessica Wright.

Hernando County
Background Consent / Release Form

As a volunteer applicant, I understand and acknowledge that an investigative report may be compiled on me. This report may include information regarding any criminal records, and from various public and private sources including law enforcement agencies at the Federal, State or County level, courts record repositories, sexual offender registries and any other source required to verify information that I have voluntarily provided.

PERSONAL INFORMATION

Legal Name: Lashaundra Ellison

Date of Birth: 01/09/1978

Other Names Used: _____

(Legal Name) First M.I. Last

Dates Used (from/to): _____

Home Phone #: _____

Cell Phone #: 352-584-2312

E-mail Address: Lellison@hernandocounty.us

Are you 18 years of age or older? ☑ Yes ☐ No

GEOGRAPHIC INFORMATION

Current Address: 2 Kings Circle

City, State, Zip : Brooksville, FL 34601

Time at this address: 9 Years _____ Month

Previous Address: 725 Wood Drive

City, State, Zip : Brooksville, FL 34601

Time at this address 10 Years _____ Month

By signing below, you hereby authorize, empower and release from all liability, without reservation, any agency contacted by Hernando County to furnish the above-mentioned information. You further authorize ongoing procurement of the above-mentioned information at any time during your relationship with Hernando County. You agree that a fax or photocopy of this authorization is to be considered and accepted with the same authority as the original.

Lashaundra Ellison 07/24/2025

Applicant's Signature Date