

NOMINATING COMMITTEE

**SLATE OF OFFICERS
FOR ELECTION
JUNE 2023**

SLATE OF OFFICERS FOR ELECTION

PRESIDENT

Louis Mitchell

VICE PRESIDENT

Brigitte Sroujeh

2nd VICE PRESIDENT

Larry DeBoer

TREASURER

Lili Romero

SECRETARY

Tina Daley

IMMEDIATE PAST-PRESIDENT

Gloria Leiva

SLATE OF DIRECTORS FOR ELECTION JUNE 2023

DIRECTORS

Mayra Cervantes

Natalia Lewis

Bradley Smith

Simon Yang

Minh Koha Tran

DIRECTORS FOR RE-ELECTION

Anthony Brouwer

Alex Li

Gloria Leiva

Louis Mitchell

Brigitte Sroujeh

Ana Villasenor

Mayra Cervantes



BOARD OF DIRECTORS APPLICATION FOR MEMBERSHIP

Today's Date: 12-17-22

I. Personal Information

My Name: Mayra Cervantes

My Home Address: ~~1220 Grandview Avenue #4~~

City: ~~Glendale~~ State: CA Zip Code: ~~91204~~

Home Phone Number

Cell Phone Number

() N/A

~~(916) 658-9370~~

Email Address: cervantestherealtor@gmail.com

II. How I Spend My Time

Name of Employer: Realtor

Day Program or Volunteer Job: _____

Other: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number () _____ - _____

Days I Work or Attend a Program:

X Sunday X Monday X Tuesday X Wednesday X Thursday X Friday X Saturday

My Daily Work or Activities Include:

A mom first of all. I like serving the community and work with different non-profit organizations. What I do revolves around my son's schedule.

III. My Interests and/or Skills

I am a member of the following community organizations (such as Political Action Committee (PAC), People First, Self Advocacy, Tenant or Homeowner Association, Professional or Interest Group):

1. Job's Daughter's International
2. Order of Eastern Star
3. _____

The special interests, skills or hobbies that I have that could help the Board of Directors and the people that the Regional Center serves are:

- A. Legal
- B. Management
- C. Public Relations
- D. Developmental Disability Program Skills
- E. Marketing
- F. Parent

Other: Fundraising

III. My Background

Please check the appropriate box below.

Do you or any member of your family have a developmental disability?

☐ No

X Yes (please choose below)

X Autism ☐ Cerebral Palsy ☐ Epilepsy ☐ Intellectual Disability

Other: _____

To help assure that all people served by Lanterman Regional Center are represented on the Board of Directors, please choose one or more of the following choices that best describes your ethnicity:

- ☐ African American ☐ American Indian ☐ Asian ☐ Caucasian
☒ Hispanic ☐ Other _____

Please choose the highest level of education that you have completed:

- ☐ High School / GED ☒ College / University
☐ Graduate School ☐ Vocational / Business
☐ Other

My school interest or area of study is/was:

Realtor

V. Being a Board Member

I want to be a member of the Lanterman Regional Center Board of Directors because:

I feel that I can contribute as a parent of a client and having an understanding of the needs of clients and interactions with various providers. Also, share my expertise having worked with other non-profits as well as political campaigns that gave me the opportunity to partake with a diverse group of people. I have chaired meetings and have experience with strategic solutions. My Leadership and administrative skills will be useful to your organization.

Please check one of the following:

☒ I have **never** served on the board of a community group or organization.

☐ I **have** served on the board of the following community group(s) or organizations:

VI. Conflict of Interest

To help assure potential conflict of interest, please tell us if you or any member of your family are associated with or employed by any of the Regional Center vendors or service providers. Please check one of the following and provide details if you check "Yes":

☒ No

☐ Yes

Details if "Yes" is checked _____

VII. References

Please provide the following information for two people who know you well:

(Example: friend, family member, employer, volunteer supervisor, etc.)

Name Rick Cervantes Relationship: Husband


Complete Address 1229 Grandview Ave. #1 Glendale CA 91201

Phone Number (714) 425-8548 Best Time to Call: after 5pm

Name Jhairo Echevarria Relationship: Brother

Complete Address Burbank, CA

Phone Number (818) 731-1136 Best Time to Call _After 10am.

Signature of Applicant  Date 12-17-22

Natalia Lewis



BOARD OF DIRECTORS APPLICATION FOR MEMBERSHIP

Today's Date: 01-10-23

I. Personal Information

My Name: Natalia V. Lewis

My Home Address: 2074 Valley Drive Apt. A

City: Glendale State: CA Zip Code: 91208

Home Phone Number

Cell Phone Number

() -

(626) 922-0402

Email Address: natalia.lewis@icloud.com

II. How I Spend My Time

Name of Employer: Caregiver to my children and student.

Day Program or Volunteer Job: _____

Other: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number () -

Days I Work or Attend a Program:

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

My Daily Work or Activities Include:
CEO, CFO, CPO, Director of administration, shuttle service, negotiation specialist, benefits director
and coordination, tutor, translator, life skills coach, professional hugger and kisser of boo boo's.
Also a wife!

III. My Interests and/or Skills

I am a member of the following community organizations (such as Political Action Committee (PAC), People First, Self Advocacy, Tenant or Homeowner Association, Professional or Interest Group):

1. Adelante Latinos for GUSD
2. Glendale Latino Association
3. School Site Counsel Mann Elementary for GUSD

The special interests, skills or hobbies that I have that could help the Board of Directors and the people that the Regional Center serves are:

- A. Legal
- B. Management
- C. Public Relations
- D. Developmental Disability Program Skills
- E. Marketing
- F. Parent

Other: I have a Human Resource background and sitting for a SHRM later this year. This can help parents struggling with how to manage work and special need children or job coaching.

III. My Background

Please check the appropriate box below.

Do you or any member of your family have a developmental disability?

☐ No

☒ Yes (please choose below)

☒ Autism

☐ Cerebral Palsy

☐ Epilepsy

☒ Intellectual Disability

Other: _____

To help assure that all people served by Lanterman Regional Center are represented on the Board of Directors, please choose one or more of the following choices that best describes your ethnicity:

- ☐ African American ☐ American Indian ☐ Asian ☐ Caucasian
☒ Hispanic ☐ Other _____

Please choose the highest level of education that you have completed:

- ☒ High School / GED ☒ College / University
☐ Graduate School ☒ Vocational / Business
☐ Other

My school interest or area of study is/was:

Sociology, business administration, and public administration.

V. Being a Board Member

I want to be a member of the Lanterman Regional Center Board of Directors because:

Equity, inclusion, to bring disability acceptance/awareness to the forefront to the mainstream world, to serve the community, and to support the Regional Center that has changed our lives.

I want to help in anyway that I can.

Please check one of the following:

- ☐ I have **never** served on the board of a community group or organization.
☒ I **have** served on the board of the following community group(s) or organizations:
PTA Board Member at my kids school.

VI. Conflict of Interest

To help assure potential conflict of interest, please tell us if you or any member of your family are associated with or employed by any of the Regional Center vendors or service providers. Please check one of the following and provide details if you check "Yes":

☒ No

☐ Yes

Details if "Yes" is checked _____

VII. References

Please provide the following information for two people who know you well:

(Example: friend, family member, employer, volunteer supervisor, etc.)

Name Kristianna Moralls Relationship Mentor, PSP, and friend.

Complete Address N/A

Phone Number (818) 692 - 1068 Best Time to Call Daytime

Name Christina Burt Relationship Volunteer Supervisor - GUSD

Complete Address n/a

Phone Number (818) 599 - 2854 Best Time to Call Daytime and evenings

You can also speak to Dr. Rinder and Mrs. Bautista at GUSD they always ask me to join the the Latino's groups as a parent volunteer.

Signature of Applicant Natalia Lewis Date 01-10-23

Bradley Smith

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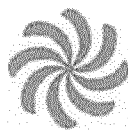
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Frank D. Lanterman REGIONAL CENTER

BOARD OF DIRECTORS APPLICATION FOR MEMBERSHIP

Today's Date: 11-14-22

I. Personal Information

My Name: BRADLEY Smith

My Home Address: ~~777 E. LAKEVIEW ST. APT 102~~

City: ~~GLENN~~ State: ~~CA~~ Zip Code: ~~91205~~

Home Phone Number

Cell Phone Number

() _____

(~~310~~) ~~222~~ - ~~9578~~

Email Address: BradleySmith2006@yahoo.com

II. How I Spend My Time

Name of Employer: _____

Day Program or Volunteer Job: _____

Other: WINSON ALAND CLUB- AA meetings

Address: 123 W. WINSON RD

City: GLENN State: CA Zip Code: 91204

Phone Number (818) 242-1350

Days I Work or Attend a Program:

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

My Daily Work or Activities Include:

I help with Ringing up SALES, Restocking merchandise
making Inventory Lists.

III. My Interests and/or Skills

I am a member of the following community organizations (such as Political Action Committee (PAC), People First, Self Advocacy, Tenant or Homeowner Association, Professional or Interest Group):

1. _____
2. _____
3. _____

The special interests, skills or hobbies that I have that could help the Board of Directors and the people that the Regional Center serves are:

- A. Legal
- B. Management
- ☒ C. Public Relations
- D. Developmental Disability Program Skills
- E. Marketing
- F. Parent

Other: _____

III. My Background

Please check the appropriate box below.

Do you or any member of your family have a developmental disability?

☐ No

☒ Yes (please choose below)

☐ Autism

☐ Cerebral Palsy

☒ Epilepsy

☒ Intellectual Disability

Other: _____

To help assure that all people served by Lanterman Regional Center are represented on the Board of Directors, please choose one or more of the following choices that best describes your ethnicity:

- ☐ African American ☐ American Indian ☐ Asian ☒ Caucasian
☐ Hispanic ☐ Other _____

Please choose the highest level of education that you have completed:

- ☒ High School / GED ☐ College / University
☐ Graduate School ☐ Vocational / Business
☐ Other

My school interest or area of study is/was:

V. Being a Board Member

I want to be a member of the Lanterman Regional Center Board of Directors because:

I want to help those with disabilities that can't help themselves

Please check one of the following:

☐ I have never served on the board of a community group or organization.

☒ I have served on the board of the following community group(s) or organizations:

WINSTON ALANO CLUB. A14 meetings

VI. Conflict of Interest

To help assure potential conflict of interest, please tell us if you or any member of your family are associated with or employed by any of the Regional Center vendors or service providers. Please check one of the following and provide details if you check "Yes":

☒ No

☐ Yes

Details if "Yes" is checked _____

VII. References

Please provide the following information for two people who know you well:

(Example: friend, family member, employer, volunteer supervisor, etc.)

Name PAT FOTHER Relationship (FRIEND) FRIEND

Complete Address 123 W. WILSON RD GLENDALE, 91204

Phone Number (888) 395-5484 Best Time to Call Any time.

Name Kimberley AVILA Relationship SUPPORT STAFF SUPERVISOR

Complete Address _____

Phone Number () _____ - _____ Best Time to Call 8am - 5pm.
323-240-00116

Signature of Applicant [Signature] Date 11-14-22

Simon Yang



Frank D. Lanterman REGIONAL CENTER

BOARD OF DIRECTORS APPLICATION FOR MEMBERSHIP

Today's Date: 2/27/23

I. Personal Information

My Name: Simon Yana

My Home Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Phone Number

Cell Phone Number

[REDACTED]

[REDACTED]

Email Address: simony618@gmail.com

II. How I Spend My Time

Name of Employer: N/A

Day Program or Volunteer Job: N/A

Other: N/A

Address: N/A

City: N/A State: N/A Zip Code: N/A

Phone Number () - N/A

Days I Work or Attend a Program:

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday N/A

My Daily Work or Activities Include:

Browse on computer, bike ride, stay at home, draw (digitally), ~~and~~
hangout, and go to church with my brother every Sunday.

III. My Interests and/or Skills

I am a member of the following community organizations (such as Political Action Committee (PAC), People First, Self Advocacy, Tenant or Homeowner Association, Professional or Interest Group): N/A

1. N/A
2. N/A
3. N/A

The special interests, skills or hobbies that I have that could help the Board of Directors and the people that the Regional Center serves are: N/A

- A. Legal
- B. Management
- C. Public Relations
- D. Developmental Disability Program Skills
- E. Marketing
- F. Parent

Other: N/A

III. My Background

Please check the appropriate box below.

Do you or any member of your family have a developmental disability?

☐ No

☒ Yes (please choose below)

☒ Autism

☐ Cerebral Palsy

☐ Epilepsy

☐ Intellectual Disability

Other: _____

To help assure that all people served by Lanterman Regional Center are represented on the Board of Directors, please choose one or more of the following choices that best describes your ethnicity:

- ☐ African American ☐ American Indian ☒ Asian ☐ Caucasian
☐ Hispanic ☐ Other _____

Please choose the highest level of education that you have completed:

- ☒ High School / GED ☐ College / University (TBK) → Currently attending right now prior to graduation.
☐ Graduate School ☐ Vocational / Business
☐ Other _____

My school interest or area of study is/was: (General Education / Transfer courses)

West Los Angeles College (2018-2022 - GE - Major - Graphic Design)

Art Center College of Design (2015-2016 - Transportation Design)

Pasadena City College (2011-2015) - Transportation Design

V. Being a Board Member

I want to be a member of the Lanterman Regional Center Board of Directors because:

I want to represent people with Autism and the community.

Please check one of the following:

- ☒ I have never served on the board of a community group or organization.
☐ I have served on the board of the following community group(s) or organizations:

VI. Conflict of Interest

To help assure potential conflict of interest, please tell us if you or any member of your family are associated with or employed by any of the Regional Center vendors or service providers. Please check one of the following and provide details if you check "Yes":

☒ No

☐ Yes

Details if "Yes" is checked _____

VII. References

Please provide the following information for two people who know you well:

(Example: friend, family member, employer, volunteer supervisor, etc.)

Name Sook Hee Yang Relationship Mother

Complete Address 1629 S. La Brea Ave., APT #3

Phone Number (213) 820 - 5359 Best Time to Call _____

Name Phillip Yang Relationship Brother (older)

Complete Address 1629 S. La Brea Ave., APT #3

Phone Number (213) 291 - 5440 Best Time to Call Monday, Thursdays, and Fridays @ 12PM

Signature of Applicant _____

Minh Khoa D. Tran

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BOARD OF DIRECTORS APPLICATION FOR MEMBERSHIP

Today's Date: November 18, 2022

I. Personal Information

My Name: Minh Khoa D. Tran

My Home Address: 1481 Rising Glen Rd.

City: Los Angeles State: CA Zip Code: 90033

Home Phone Number

Cell Phone Number

(~~804~~) ~~302~~ - ~~7500~~

(~~804~~) ~~510~~ - ~~7000~~

Email Address: ktran@proskauer.com

II. How I Spend My Time

Name of Employer: Proskauer Rose LLP

Day Program or Volunteer Job: _____

Other: Attorney

Address: 2029 Century Park E Suite 2400

City: Los Angeles State: CA Zip Code: 90067

Phone Number (310) 284 - 5647

Days I Work or Attend a Program:

☐ Sunday ☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☐ Saturday

My Daily Work or Activities Include:

Reviewing and drafting legal documents for private equity funds and large institutional investors.

III. My Interests and/or Skills

I am a member of the following community organizations (such as Political Action Committee (PAC), People First, Self Advocacy, Tenant or Homeowner Association, Professional or Interest Group):

1. _____
2. _____
3. _____

The special interests, skills or hobbies that I have that could help the Board of Directors and the people that the Regional Center serves are:

- A. ☒ Legal
- B. Management
- C. Public Relations
- D. Developmental Disability Program Skills
- E. Marketing
- F. Parent

Other: _____

III. My Background

Please check the appropriate box below.

Do you or any member of your family have a developmental disability?

☒ No

☐ Yes (please choose below)

☐ Autism

☐ Cerebral Palsy

☐ Epilepsy

☐ Intellectual Disability

Other: _____

To help assure that all people served by Lanterman Regional Center are represented on the Board of Directors, please choose one or more of the following choices that best describes your ethnicity:

- ☐ African American ☐ American Indian ☒ Asian ☐ Caucasian
☐ Hispanic ☐ Other _____

Please choose the highest level of education that you have completed:

- ☐ High School / GED ☐ College / University
☒ Graduate School ☐ Vocational / Business
☐ Other

My school interest or area of study is/was:

Corporate Law

V. Being a Board Member

I want to be a member of the Lanterman Regional Center Board of Directors because:

I greatly enjoyed my experience working at the Lanterman Special Education Law Clinic as a legal advocate,
an experience through which I saw firsthand the great impact that the Center has on the lives of many people.

Please check one of the following:

- ☒ I have **never** served on the board of a community group or organization.
☐ I **have** served on the board of the following community group(s) or organizations:

VI. Conflict of Interest

To help assure potential conflict of interest, please tell us if you or any member of your family are associated with or employed by any of the Regional Center vendors or service providers. Please check one of the following and provide details if you check "Yes":

☒ No

☐ Yes

Details if "Yes" is checked _____

VII. References

Please provide the following information for two people who know you well:

(Example: friend, family member, employer, volunteer supervisor, etc.)

Name Dr. Meredith Goetz Relationship Former Supervising Attorney

Complete Address 3303 Wilshire Blvd Suite 700, Los Angeles, CA 90010

Phone Number (714) 330 - 0256 Best Time to Call 9 AM - 5 PM

goetzmeredith@gmail.com

Name Marjan Kermani Relationship Former Supervising Attorney

Complete Address 3303 Wilshire Blvd Suite 700, Los Angeles, CA 90010

Phone Number (818) 633 - 1579 Best Time to Call 9 AM - 5 PM

kermani84.@gmail.com

Signature of Applicant  Date November 18, 2022