

**From:** [noreply@civicplus.com](mailto:noreply@civicplus.com)  
**To:** [City Clerk](#)  
**Subject:** [External]Online Form Submittal: Commission / Committee Application  
**Date:** Thursday, October 10, 2024 2:23:46 PM

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**Message from external sender. Use Caution.**

## Commission / Committee Application

The City currently has two active Commissions/Committees: the Planning Commission and the Measure Z Citizen Committee. All commissions/committees consist of five members who shall not be officials or employees of the City. Applicants for the [Planning Commission](#) shall legally reside within the City limits or be the owner of a business that is established and currently licensed within the City limits (LEMC Section 2.24.020). Applicants for the Measure Z Citizen Committee must legally reside within the City limits. Each commission/committee serves as an advisory body to the City Council on policy matters or reviewing specific issues as directed by the City Council or prescribed by law. Currently, all Planning Commissioners are appointed at-large by a City Council Subcommittee. However, members of the Measure Z Citizen Committee are appointed by district by their elected council representative.

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### Instructions

Please answer each question completely. This application will be maintained until December 31st of each year. After December 31st, it is necessary to file a new application for another year of eligibility. Please be advised that the City Clerk's Department uses Voter Registration information for verification of residency. **Note:** This application is subject to the Public Records Act and may be released to the public.

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### Additional Resources to Assist in Completing Application

- View a [map showing the City limits \(PDF\)](#).
- [Find out which City Council District you live in.](#)

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Commission / Committee    Planning Commission, Measure Z Citizen Committee  
Applying For

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**Applicant Eligibility****City Resident**

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**Applicant Information**

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**First Name**ISREAL

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**Last Name**CEBALLOS

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**Address**

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**City**Lake Elsinore

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**State**California

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**Zip Code**92530

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**Phone Number**

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**Email Address**

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**Length of Residency in  
Lake Elsinore**4 years

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**Length in California**47 years

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**What City Council  
District do you live in?**1

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**Business Information (if Applicable)**

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**Business Name***Field not completed.*

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**Business Type***Field not completed.*

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**Business Address***Field not completed.*

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**Lake Elsinore Business  
License Number***Field not completed.*

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**Expiration Date***Field not completed.*

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**Phone Number***Field not completed.*

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**Date Business  
Established***Field not completed.*

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## Education Information

Name of School Attended	San Bernardino Community College
City & State	San Bernardino
Degree Earned	Associate
Number of Units Completed	80
Name of School Attended	Crafton Hills Community College
City & State	Yucaipa
Degree Earned	Associate
Number of Units Completed	12
Certificates Attained	Criminal Justice Philosophy Religious Studies

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Do you have Economic Interests, such as income, investments, real or personal property, or outstanding loans which might present a potential conflict of interest?	Yes
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## Work History

Current Employer	In Home Supportive Services
Address	<i>Field not completed.</i>
Dates Worked	12/1/2008 - 10/10/2024
Position	Caregiver
Duties Performed	Assistance for Recipient Daily Living, Daily Chores

	Cleaning and Running Errands for Recipient.
Previous Employer	<i>Field not completed.</i>
Address	<i>Field not completed.</i>
Dates Worked	<i>Field not completed.</i>
Position	<i>Field not completed.</i>
Duties Performed	<i>Field not completed.</i>

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#### References

Preferably local residents or stakeholders who are qualified to comment on your capabilities

Name	Maria Guadalupe Lopez
Address	
Phone Number	
Name	<i>Field not completed.</i>
Address	<i>Field not completed.</i>
Phone Number	<i>Field not completed.</i>
Name	<i>Field not completed.</i>
Address	<i>Field not completed.</i>
Phone Number	<i>Field not completed.</i>

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#### Community Service Participation

Please describe types of service you have performed, if any.

Organization	Measure Z Committee Member
Types of Service	Responsibility of overseeing financial allocation of funds for distribution in our city of Lake Elsinore
Organization	Concerned Citizens Of South Central Los Angeles
Types of Service	Assisting community leaders in outreaching local citizens to

	assist in the betterment of the city and lowering crime and dilapidated properties in the city
Organization	Los Angeles Soccer League
Types of Service	Assisted in the organization and development of soccer programs in the city of Los Angeles in order to better the community and involvement of kids in order to detour said kids from criminal activities through soccer..
Additional Documentation	<i>Field not completed.</i>
(Section Break)	
Are you an Officer or Member of a policy-making board of a non-profit organization which receives funding from the City?	No
If Yes, please list all organizations.	
Organization	<i>Field not completed.</i>
Position	<i>Field not completed.</i>
Organization	<i>Field not completed.</i>
Position	<i>Field not completed.</i>
Organization	<i>Field not completed.</i>
Position	<i>Field not completed.</i>
Additional Information	<i>Field not completed.</i>
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Have you ever been convicted of violating any Federal, State, County or Municipal law, regulation or Ordinance, excluding minor traffic violations?	No
If Yes, please explain.	<i>Field not completed.</i>
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I would like to be a positive contributor for the betterment of our	

Why are you interested  
in serving on this  
Commission/Committee?

city and be intricate in making Lake Elsinore a safer and  
productive city for all its residents and visitors.

Please list any  
qualifications you may  
have to serve on the  
Commission/Committee  
you are applying for, i.e.  
education, related  
service or work  
experience, budgeting or  
financial experience,  
community involvement,  
etc.

Currently serving on the Measure Z Committee for District #1

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Please note

Appointees will be required to take an Oath of Office and file a  
completed Statement of Economic Interest form, if appointed to a  
position specified in the City's Conflict of Interest Code. Appointees are  
not considered to be City employees for purposes of benefits, such as  
workers compensation and health insurance.

Applicant's Declaration and Signature

I certify under penalty of the perjury laws of the State of California that all  
information on this form is true and correct. By typing my name and the  
date completed on this form, I am affirming my intent to be a candidate  
for appointment to a Commission for the City of Lake Elsinore. If  
appointed I pledge to follow the laws of the City of Lake Elsinore, the  
policies as set forth by the City Council and to conduct myself in such a  
manner as to be a good representative of the City.

Signature (Please type  
your name)

ISREAL CARLOS CEBALLOS

Date

10/10/2024

Email not displaying correctly? [View it in your browser.](#)