2018 APR 26 pm3:01 TWN CLERK

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TOWN OF PALM BEACH

APPLICATION FOR SERVICE ON

INVESTMENT ADVISORY COMMITTEE

Please complete the application by typing or printing legibly in ink. Applications should be submitted to the Town Clerk (360 South County Road, Palm Beach, FL 33480, via facsimile 561-838-5417, or via e-mail addressed to townclerk@townofpalmbeach.com) no later than 5 p.m., 11 calendar days prior to the Town Council meeting in which the appointment will be considered. Completion of this application requires that applicant has reviewed certain Town documents as noted in this application. To review or obtain a copy of the documents please contact the Town Clerk's Office (561-838-5416). Please feel free to attach any additional background information to this application form.

Name: Kathleen M Mnderson	Residence Address: 2660 5 Ocean Blvd
Malling Address: 2560 5 Ocean Blvd	Home Telephone: 609 915 9318
E-mall Address: KMA 1658 @ Gol. Com	Work Telephone:
I am a resident of the Town of Palm Beach KAR (please	e initial)
Please attach proof of Town of Palm Beach residency. Failu application. Proof of residency shall be either a copy of your residence as shown on this application, a copy of a utility bill application, or by providing an original, fully executed and not	Florida Driver's License matching the address of your in your name at the residence address shown on this tarized Declaration of Domicile with this emplection
	ment Advisory Committee? (Please use additional pages if necessary ghout my 30+year Career on Wall the IAC, Focus is an protection
The state of the s	generating a veturn.
2. Please Identify how many meetings of the Investment Adviso	Fy Committee you have attended in the past two (2) years
	3 14+
If you have served on any boards/commissions/committees include details such as length of service, attendance record, etc	n the Town of Palm Beach or elsewhere, please list them and
Won-e	
4. Please indicate If there are any periods of time for which you	will be unavailable for meetings.
None	

. Please describe your	current or prior investm	ent experience, and de	scribe any fixed investment	experience you may have.
Worked as a	nalyst/port	folio manager	at Merrill Lyv	och Black Rock
tocus on yie	ld and downsi	de Protection		
. Are you a member of Palm Beach Cl Palm Beach Cl Cltizens' Assor	f any of the following org namber of Commerce Ivic Association Hatton of Palm Beach			of Palm Beach rs Association
. Present occupation.	Retired			No. of years. 2405
Employer.	BlackRock			
l. Past occupation(s).	Portfolio Mai	ager Anal	151	No. of years. <u>30 tyrs</u> ment Manager
Employer(s).	BlackRock	/Merrill L	-ynch Invest	ment Manager
BBA IN E SOME Grace	ouncil to consider noten	inance Bar Kin Fluanct	please provide the following uding your spouse, parents,	g information regarding
Family Member	Relationship	Address	Occupation	Employer
Name				
violations? n 0				rime other than minor traffic
12. If you are current the box that indicates I will resign from the	you will seelen from that	poettion if you are announced	pinted to the position you are	in the space below and check e seeking in this application. n seeking in this application.

board/commission/committee

The following information is needed to facilitate Town reporting requirements in Florida Statute 760.80. Please check one in each category.

	RACE ☐ African American	☐ Native American	GENDER ☐ Male ☐ Female
	Asian American	⊡ €aucasian	PHYSICALLY DISABLED
	☐ Hispanic American	☐ Not known	☐ Yes ☑ No
that I have further I h and comp	e selected above and have noted t ave read the regulations concernit	the description of the board/commis ng absences and conflicts of interes and belief. I understand that any fa	for the particular board/commission/committee ssion/committee and its members' duties, and sts. I certify the information given by me is true distillication of material facts will be grounds for
SIGNATII	IRE. Kathle M (lulen	DATE: 4 25 18

Please attach proof of Town of Palm Beach residency (as listed on page 1) with this application.

Please note that Board/Commission applications will expire on December 15 of each year.

INVESTMENT ADVISORY COMMITTEE

The Investment Advisory Committee consists of five members serving two year terms, appointed by the Town Council. Members of the Committee shall be residents of the Town and shall have prior fixed income investment experience. The Committee acts in an advisory capacity and shall make recommendations to the Town Council on matters relating to Town's investment policy and the investment of the Town's surplus funds. The Committee shall hold at least four meetings per year and more if it is deemed necessary. The Town of Palm Beach will not do business directly or indirectly with a Committee member or a Committee member's employer or business while they are serving on the Committee and for at least two years after the member's term has expired.



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Name: Andrew S Frazier	Residence Address: 242 Marrain Road
Mailing Address:	Home Telephone: <u>561</u> 844 7458
E-mail Address: Prazier. as Jamail.com	Work Telephone:
am a resident of the Town of Palm Beach AF (pleas	se initial)
Please attach proof of Town of Palm Beach residency. Fails application. Proof of residency shall be either a copy of you residence as shown on this application, a copy of a utility bill application, or by providing an original, fully executed and no	ure to attach proof of residency shall be grounds to reject your ir Florida Driver's License matching the address of your il in your name at the residence address shown on this otarized Declaration of Domicile with this application.
1. Why do you wish to be appointed as a member of the Inves	stment Advisory Committee? (Please use additional pages if neces
I have expertise in	money management
and believe that I	con be of assistance
to the Committee	
	to the distance (2) const
	isory Committee you have attended in the past two (2) years.
□0 □1 □2	
 If you have served on any boards/commissions/committee include details such as length of service, attendance record, 	es in the Town of Palm Beach or elsewhere, please list them and etc.
4. Please indicate if there are any periods of time for which y	you will be unavailable for meetings.
I have difficulty attended but make it last	ding the Argust meeting
1 + mak it last	yeat.
De man	

THITTE: /SI	rown Broth	ers Harrians	on Metral Fea	d Group Av.
				illion port
☐ Palm Beach C ☐ Palm Beach C	f any of the following on hamber of Commerce ivic Association ciation of Palm Beach	ganizations? (Check all	that apply) Preservation Foundatior North End Property Owr Other	
Present occupation.	retired			No. of years.
Employer				
Past occupation(s).	CEO/CEO			No. of years. 28
Employer(s).	Western Was	Id Ingurama	e Gross	
		of Chie		
To enable Town Committy members who live Family Member	ouncil to consider poten	tial conflicts of interest,		ng information regarding s, siblings or children. Employer
O. To enable Town Comily members who live	ouncil to consider poten re and/or work in the To	tial conflicts of interest, pwn of Palm Beach, inclu	olease provide the following your spouse, parents	s, siblings or children. Employer
0. To enable Town Commily members who live	ouncil to consider poten re and/or work in the To	tial conflicts of interest, pwn of Palm Beach, inclu	olease provide the following your spouse, parents Occupation	s, siblings or children. Employer

The following information is needed to facilitate Town reporting requirements in Florida Statute 760.80. Please check one in each category.

RACE African American	☐ Native American	GENDER
Asian American	Caucasian	PHYSICALLY DISABLED
☐ Hispanic American	☐ Not known	☐ Yes ÆNo

I hereby certify that I have read the sections of the Town Code of Ordinances for the particular board/commission/committee that I have selected above and have noted the description of the board/commission/committee and its members' duties, and further I have read the regulations concerning absences and conflicts of interests. I certify the information given by me is true and complete to the best of my knowledge and belief. I understand that any falsification of material facts will be grounds for rejection of this application or dismissal after appointment.

SIGNATURE: Andrew & Frage

DATE: 3-2-/5

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