

# Application to Serve on the City of Syracuse Citizens Redistricting Commission (SCRC)

This is your application to serve as a Commissioner on the City of Syracuse's 2021-2022 Citizens Redistricting Commission.

Questions? See the ordinance at this at

[http://www.syr.gov.net/uploadedFiles/City\\_Hall/Elected\\_Officials/Content/Gen.%20Ord.%20No%201-2021.pdf](http://www.syr.gov.net/uploadedFiles/City_Hall/Elected_Officials/Content/Gen.%20Ord.%20No%201-2021.pdf)

The application must be received no later than March 31, 2021.

Please mail the completed application to:

Nader Maroun, City Auditor

433 City Hall

233 E Washington St

Syracuse, NY 13202

\* Required

# Application

## 1. Identification Information

Prefix

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First Name \*

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Last Name \*

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## 2. Physical Address

Street Address \*

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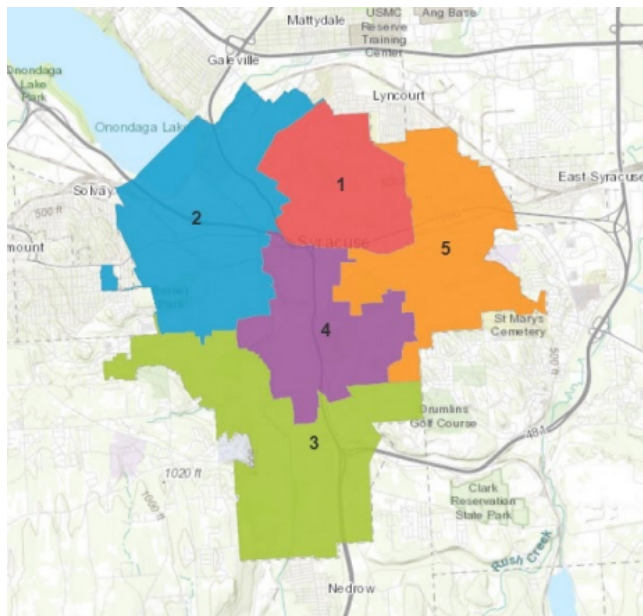
City \*

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Zip Code \*

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In what Supervisorial District do you reside? (If you are unsure, you can search your address at the link <https://syr.maps.arcgis.com/apps/opsdashboard/index.html#/f9bc2df1907b4a6ba60556d583cd3a71> by clicking the magnifying glass icon in the top right corner of the map). \*



*(Select only one.)*

- District 1
- District 2
- District 3
- District 4
- District 5
- Outside the City of Syracuse

3. Mailing Address (if different than the address listed above)

Street Address \*

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City \*

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Zip Code \*

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4. Contact Information

Preferred Phone \*

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Alternate Phone

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Best Time to Contact \*

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Email \*

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5. Birthdate \*

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6. Gender \*

Female

Male

Nonbinary

Other: \_\_\_\_\_

7. Racial or Ethnic Background (Select all that apply) \*

- |   |  |
|---|--|
| <input type="checkbox"/> Cuban                        | <input type="checkbox"/> Japanese                        |
| <input type="checkbox"/> Mexican/Mexican American     | <input type="checkbox"/> Korean                          |
| <input type="checkbox"/> Puerto Rican                 | <input type="checkbox"/> Laotian                         |
| <input type="checkbox"/> Other Hispanic/Latinx Groups | <input type="checkbox"/> Vietnamese                      |
| <input type="checkbox"/> Guamanian or Chamorro        | <input type="checkbox"/> Other Asian Groups              |
| <input type="checkbox"/> Hawaiian                     | <input type="checkbox"/> Aleut                           |
| <input type="checkbox"/> Samoan                       | <input type="checkbox"/> American Indian/Native American |
| <input type="checkbox"/> Other Pacific Islander Group | <input type="checkbox"/> Black/African American          |
| <input type="checkbox"/> Asian Indian                 | <input type="checkbox"/> Eskimo                          |
| <input type="checkbox"/> Cambodian                    | <input type="checkbox"/> White                           |
| <input type="checkbox"/> Chinese                      | <input type="checkbox"/> Other: _____                    |
| <input type="checkbox"/> Filipino                     |  |

8. Language Proficiency (Please check all languages which you are proficient.) \*

- |                                      |                                       |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> English     | <input type="checkbox"/> Korean       |
| <input type="checkbox"/> Arabic      | <input type="checkbox"/> Mandarin     |
| <input type="checkbox"/> Burmese     | <input type="checkbox"/> Nepali       |
| <input type="checkbox"/> Cantonese   | <input type="checkbox"/> Somali       |
| <input type="checkbox"/> French      | <input type="checkbox"/> Spanish      |
| <input type="checkbox"/> Karen       | <input type="checkbox"/> Swahili      |
| <input type="checkbox"/> Kinyarwanda | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Kirundi     |                                       |

9. Political Party Affiliation \*

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Democratic   | <input type="checkbox"/> Working Families                       |
| <input type="checkbox"/> Republican   | <input type="checkbox"/> Other: _____                           |
| <input type="checkbox"/> Conservative | <input type="checkbox"/> No Party Preference (Decline to State) |

## Eligibility

### 10. Eligibility Information

Complete to the best of your ability.

a) Have you been continuously registered to vote in the City of Syracuse for five (5) or more years prior?  
(If unsure about current registration, go to <https://voterlookup.elections.ny.gov/> to self look-up.) \*

Yes

No

b) In which of the last five citywide elections have you voted, if any? Check all that apply. \*

November 2020

November 2019

November 2018

November 2017

November 2016

Primary in last 5 years

## 11. Conflicts of Interest

a) Have you done any of the following within two (2) years of submitting this application?

Been appointed to, elected to, or a candidate for state, county, or city office, including as a member of the board? \*

Yes

No

Served as an officer, employee, or paid consultant of a political party or of the campaign committee of a candidate for elective state, county or city office? \*

Yes

No

Been a lobbyist registered with the State of New York or a New York local government? \*

Yes

No

Contributed or bundled<sup>+</sup> \$1,000 or more in aggregate to candidates for City of Syracuse elective office in the last city election? \*

<sup>+</sup>A bundled contribution is any contribution that is either (1) forwarded to a reporting committee by a lobbyist/registrant or lobbyist/registrant PAC; or (2) received by the reporting committee and credited to a lobbyist/registrant or lobbyist/registrant PAC through "records, designations, or other means of recognizing that a certain amount of money has been raised". See

<https://www.fec.gov/help-candidates-and-committees/lobbyist-bundling-disclosure/#:~:text=A%20bundled%20contribution%20is%20any,or%20other%20means%20of%20recognizing> for more information.

Yes

No

Worked as a paid employee of the City of Syracuse? \*

Yes

No

Performed paid services under a professional or political contract to the City of Syracuse, to the City Common Council, or to any member of the City Common Council? \*

Yes

No

b) Has your spouse done any of the following within two (2) years of the date you submit this application? Please note, if you do not have a spouse, please mark “No” for the following 6 questions.

Been appointed to, elected to, or a candidate for state, county, or city office, including as a member of the board? \*

Yes

No

Served as an officer, employee, or paid consultant of a political party or of the campaign committee of a candidate for elective state, county or city office? \*

Yes

No

Been a registered lobbyist with the State of New York or a New York local government? \*

Yes

No

Contributed or bundled<sup>+</sup> \$1,000 or more in aggregate to candidates for City of Syracuse elective office in the last city election? \*

<sup>+</sup>A bundled contribution is any contribution that is either (1) forwarded to a reporting committee by a lobbyist/registrant or lobbyist/registrant PAC; or (2) received by the reporting committee and credited to a lobbyist/registrant or lobbyist/registrant PAC through "records, designations, or other means of recognizing that a certain amount of money has been raised". See

<https://www.fec.gov/help-candidates-and-committees/lobbyist-bundling-disclosure/#:~:text=A%20bundled%20contribution%20is%20any,or%20other%20means%20of%20recognizing> for more information.

Yes

No

Worked as a paid employee of the City of Syracuse? \*

Yes

No

Performed paid services under a professional or political contract to the City of Syracuse, to the City Common Council, or to any member of the City Common Council? \*

Yes

No

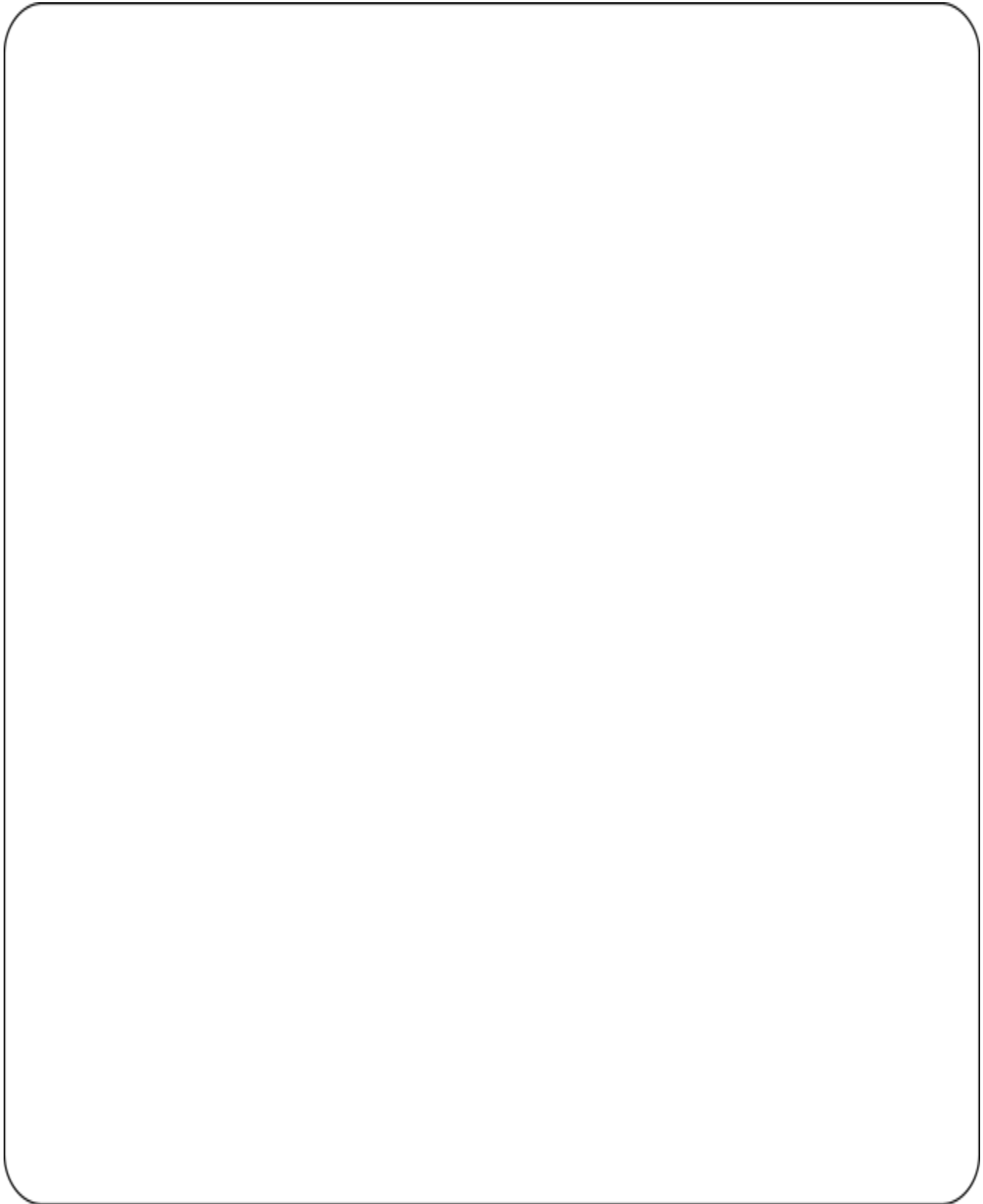
## Qualifications

12. Qualifications - If you would like to include any additional files for this section (i.e., a resume) please include with the application when submitting it.

a) I possess experience demonstrating analytical skills relevant to the redistricting process and voting rights, described as follows (be specific and provide specific examples to the extent available): \*



b) I am able to understand and apply applicable state and federal legal requirement dealing with redistricting and voting rights based on the following experience (be specific and provide specific examples to the extent available): \*



c) I possess experience demonstrating impartiality, described as follows (be specific and provide specific examples to the extent available): \*

A large, empty rounded rectangular box with a thin black border, intended for the user to provide specific examples of impartiality as requested in the text above.

d) I appreciate the diverse demographics and geography of the City of Syracuse because of the following reasons (be specific and provide specific examples to the extent available): \*

A large, empty rounded rectangular box with a thin black border, intended for the respondent to write their reasons for appreciating the diverse demographics and geography of the City of Syracuse. The box is currently blank.

# Privacy Notification and Waiver

By submitting your names and applicant information to a municipality, you are subject to the New York State Freedom of Information Act.

Applicant information is subject to release to the public in accordance with §87 of the New York State Public Officers Law.

## Disclaimer

A commission member shall be ineligible, for a period of five (5) years beginning from the date of appointment, to hold elective public office to an office for which they have participated in drawing the lines for. A member of the commission shall be ineligible for a period of three (3) years beginning from the date of appointment, to hold appointive public office for the City of Syracuse, to serve as paid staff for or as a paid consultant to the City of Syracuse, the City Common Council or any member of the City Common Council, or to receive a non-competitively bid contract with the City of Syracuse.

## Consequence of Not Providing All Requested Information

Failure to provide all of the requested information will result in your disqualification and the removal of your name from the applicant pool. Thus, if you want to be considered for membership on the CRC, it is mandatory to submit a response for each item of information requested.

## Declaration

By affixing my signature below, I acknowledge that I have read and understand the Privacy Notification and Waiver above, and I declare under penalty of perjury that the information provided in and submitted with this application are true and correct to the best of my knowledge.

Signature \*

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Date of Signature \*

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Please submit this application by mailing it to the City Auditor:

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233 E Washington St  
Syracuse, NY 13202