

New Member Nomination and Reappointment Data Form

Complete the following information for each individual being nominated for membership. Private sector business members shall be owners of business concerns, chief executive or chief operating officers or non-governmental employers of other private sector executives who have substantial policy or management responsibility.

Name of Nominee:	Tori Lehman	Date	1/7/2026
Title:	Principal		
Company:	CLA - CliftonLarsonAllen LLP		
Address:	402 S. Kentucky, Suite 600, Lakeland, FL		
Phone Number:	863-680-5627	Fax Number:	
Email address:	tori.lehman@claconnect.com		

Required for reporting to the Secretary of State per 2003 Florida Statutes, Section 760.80

Gender	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Physically Disabled?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Race:	<input type="checkbox"/> African American	<input type="checkbox"/> Asian American:	<input checked="" type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic	Other:
Veteran	Are you a Veteran? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

If private sector business nominee, check one:

<input checked="" type="checkbox"/> Private not for Profit	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Owner
<input type="checkbox"/> Chief Executive Officer	<input type="checkbox"/> Chief Operating Officer	<input type="checkbox"/> Management or Policy Responsibility

Industry: (Please check one)

- | | | |
|---|--|---|
| <input type="checkbox"/> Arts, Entertainment & Recreation | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Retail Trade |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Mining, Oil/Gas Extraction | <input type="checkbox"/> Transp/Warehousing |
| <input type="checkbox"/> Finance & Insurance | <input type="checkbox"/> Other Services | <input type="checkbox"/> Wholesale Trade |
| <input type="checkbox"/> Healthcare & Social Services | <input type="checkbox"/> Public Administration | |
| <input type="checkbox"/> Information | <input checked="" type="checkbox"/> Professional, Scientific/Tech Services | |

If non-private sector nominee, check one of the following:

- | | | |
|---|--|---|
| <input type="checkbox"/> Community-Based Organization | <input type="checkbox"/> Vocational Rehabilitation | <input type="checkbox"/> Organized Labor |
| <input type="checkbox"/> School Board | <input type="checkbox"/> Community College | <input type="checkbox"/> Public Assistance |
| <input type="checkbox"/> Employment Service | <input type="checkbox"/> Economic Development | <input type="checkbox"/> Local Elected Official |
| <input type="checkbox"/> Degree Granting Institution | | |

Number of Terms completed:

- First term (4-Yrs) Second term (4-Yrs)

Note: Attach a brief biography listing the nominee's education, and professional accomplishments and affiliations.

Name and Title of Person Making Nomination: Click or tap here to enter text.

Representing Organization:

Address/Phone #

RETURN COMPLETED FORM VIA EMAIL TO:

Stacy Campbell-Domineck, President/CEO
Stacy.campbell-domineck@careersourcepolk.com

CareerSource Polk Use Only: **Date of Official BOCC Appointment:** _____