

AREA COMMISSION APPOINTMENT FORM

The Department of Neighborhoods maintains the database for the Area Commission members in the City of Columbus. The information on this form is used to process the Mayor's appointment and ensure timely and accurate distribution of meeting notices, training opportunities, and other City activities. Please complete all sections of the form with information about your recently elected/appointed commissioner within seven (7) days of the election/appointment. After completing and signing this form, please return it, along with the appointees resume and/or biography to your Neighborhood Liaison via email. Please contact your Neighborhood Liaison with any questions or comments.

Area Commission Name Mideast Area Commission		
Area Commission Name	Whiteast Alea Commission	
Please check appropriate box	New appointment Reappointment	Are there changes to this information? Yes \(\subseteq \text{No } \subseteq \)
First Name	Steve	× .
Last Name	Dodge	
Title (i.e. officer / commissioner)	Commissioner	-
Address	4335 Sidway Avenue	
City	Columbus	
State	Ohio	
Zip Code	43227	·
Home Telephone	614-202-4430	
Work Telephone	N/A	
Email Address	sdodgemac@gmail.com	
District/Designation	Inecres T	
Term Start Date	7/23/24	
Term Expiration	12/31/25	
Seat Succession	Sharon Pantel	1 <u>\$</u>

Area Commission Chair Signature Feller Q. Sediss

ALL SECTIONS OF THIS FORM MUST BE COMPLETED

DISCLAIMER: all information and materials that you submit in support of your appointment as an area commissioner are subject to Ohio Public Records Law