

Application Form University Board of Trustees Position State University System of Florida

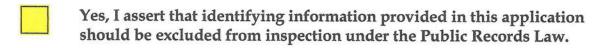
| Name: | Ivioya | Hachel | Kay | 10/25/2024 Date Completed: | |
|---|--|------------|-------------|--|--|
| | Last | First | Middle and | | |
| INST | RUCTIONS | | | | |
| The information submitted will be used by the Board of Governors in considering action on your application. If appointed, please be advised that your appointment is subject to confirmation by the Florida Senate and you will be required to file an annual financial disclosure statement with the Florida Commission on Ethics. | | | | | |
| | Please type or print clearly. Please do not leave any questions blank – answer "none" or "not applicable" where appropriate. | | | | |
| applica PLEAS | All applications must be signed and witnessed by a Notary. Submit the original completed application via mail, or facsimile by the posted deadline to: State University System of Florida, Board of Governors 325 West Gaines Street, Suite 1614 Tallahassee, FL 32399 Fax 850.245.9685 Chancellor@flbog.edu PLEASE NOTE: any application submitted by facsimile or email must be received by the posted deadline and followed by the original signed application to above address. | | | | |
| EXCL | <u>USIONS</u> | | | | |
| The following conditions exclude eligibility for appointment as a University Board of Trustee member. | | | | | |
| Registe | ered Lobbyist: No | Yes _ | D | ual Office Holding: No 🕼 Yes 🗌 | |
| trustees | 112.313(17), Floric | employment | or contract | y citizen member of a university board of cual relationship as a legislative lobbyist 5, Florida Statutes. | |
| | | | | prohibits any person from holding more than nties, and municipalities at the same time, | |

except for certain exclusions stated therein (notary public, military officer, member of a

statutory body having only advisory powers, etc.)

EXEMPTION FROM PUBLIC RECORDS

AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS THAT MAY BE VIEWED UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR CERTAIN IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.



IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE GENERAL COUNSEL FOR THE BOARD OF GOVERNORS.

Rachel Kamoutsas General Counsel and Corporate Secretary State University System of Florida, Board of Governors 325 West Gaines Street, Suite 1614 Tallahassee, FL 32399 (850) 245-0466

PERSONAL INFORMATION

| N | ame: Moya | Rach | el | Kay | | | Date C | ompl | eted: 1 | 0/25/2024 | 4 |
|-----|---------------------------------------|-------------|----------------------|----------|------------|----------|---------------------|----------|----------|-------------------|-----------|
| | Last | First | | Middle a | and/or Ma | iden | | P | | | |
| 1. | University Board o | f Interest: | Are you | applyii | ng for rea | appoint | tment? | Yes | □ N | 0 | |
| FAM | U 🗌 FAU 🗌 FGC | J 🗌 FIU 🖺 | FSU | NCF [| UCF | UF | ☐ UN | F 🗌 | USF 🗌 | UWF 🔳 | Florida F |
| 2. | Residence Addres | s: 216 Port | Charlotte | Drive | Ponte | Vedra | FL | St. | Johns | 32081 | |
| | | Street | | | (| City | 5 | State | County | Zip Co | de |
| | | 843-290- | -0557 | | | | 8 | 43-29 | 0-0557 | | |
| | | Area Cod | e/Phone | | | | | Cell Pho | | | |
| 3. | Current Employer | or Occupat | ion: | The Ar | nos Gro | up, Chi | ef Reve | nue C | Officer | | |
| | Business Address: | 3327 Tripo | oli Blvd | | | | 1 | Punta | Gorda | FL | |
| | | Street | | | Office#/S | uite | | | City | Si | tate |
| | | | | | 33950 | | | | | | |
| | Post Office Box | | Suite | | Zip Code | | I | Area Co | ode/Phon | e Number | |
| | drrachelmoya@gn | nail.com | | | | | | | | | |
| | E-mail Address | | | | | | | | | | |
| 4. | Specify the prefer | red mailing | address: | Busines | ss 🗌 | Home | e 🔳 I | Fax# | | | |
| 5. | List all places of re | sidence for | | | years. | | _ | | | | |
| | Address 129 Planters Row C | ourt | City and Bluffton | | | 235 | <u>From</u> 2010 | | | <u>To</u> 2024 | |
| | 216 Port Charlott | | | Vedra 1 | FI | | 2024 | | | Procent | - |
| | | | | | | | | | | | |
| | | | | **** | | | | | | | |
| 6. | List all former and during adulthood. | current res | idences <u>o</u> | utside (| of Florid | a that y | ou hav | e mai | ntained | at any tir | ne |
| | Address | | City and | | | Ī | From | | | <u>To</u> | |
| | Harden Street | | Columb | | | | 2003 | | | 2007 | |
| | Stoney Xing | | Blufftor | , SC | | 2 | 2009 | | | 2010 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

*IF THE NOMINATION AND GOVERNANCE COMMITTEE SELECTS YOUR APPLICATION TO MOVE FORWARD FOR CONSIDERATION, YOU WILL BE REQUIRED TO SUBMIT YOUR DATE OF BIRTH, PLACE OF BIRTH, SOCIAL SECURITY NUMBER, DRIVER'S LICENSE NUMBER AND ISSUING STATE IN ORDER TO CONDUCT A BACKGROUND SCREENING. YOU WILL RECEIVE A SEPERATE FORM TO FILL OUT REGARDING THIS INFORMATION FROM THE DIRECTOR OF UNIVERSITY TRUSTEE RELATIONS. THIS INFORMATION IS NOT SHARED WITH THE NOMINATION AND GOVERNANCE COMMITTEE. REFER TO ATTACHED NOTICE ON USE OF SOCIAL SECURITY NUMBERS.

| Hachel Ka | ay Wisnefski (Prior Mar | riage) | | | | | |
|------------------------------------|--|--|--|--|--|--|--|
| Are you a U | Inited States citizen? | Yes No No | If "No" explain. | | | | |
| | | | | | | | |
| If you are | a naturalized citizen, | date of naturalization | on: | | | | |
| Since wha | t year have you been a | a continuous reside | nt of Florida? 2024 | | | | |
| Are you a | registered Florida voto | er? Yes No | | | | | |
| municipal | Are you a registered Florida voter? Yes No | | | | | | |
| <u>Date</u> | Place | <u>Nature</u> | Disposition | | | | |
| | | | | | | | |
| Has proba Code of Et | hics for Public Office | ound that you were i rs and Employees? Nature of Violation | in violation of Part III, Chapter 112, F.S., the Yes No If "Yes", give details: Disposition | | | | |
| Date | hics for Public Office | rs and Employees? Nature of Violation | Yes No If "Yes", give details: <u>Disposition</u> | | | | |
| Date Have you | hics for Public Office | rs and Employees? Nature of Violation | | | | | |
| Date Have you of Yes 1 | ever been suspended in No If "Yes", list: | rs and Employees? Nature of Violation from any office by t | Yes No If "Yes", give details: <u>Disposition</u> | | | | |
| Date Have you of Yes Title of Off | ever been suspended in the list: | rs and Employees? Nature of Violation from any office by to the Reason of the Reason | Yes No If "Yes", give details: Disposition he Governor of the State of Florida? | | | | |

| | dgment and the date the judgm | ent was entered. | roceeding(s) that resulted in the |
|------------------|---|--|---|
| 7. Aı | re you now engaged in activition favorably on the board to whi | es, or have you engaged in ch you seek appointment? | activities in the past, that will reflect Yes No If "yes", explain |
| | ave you ever been refused a fid "Yes", explain. | elity, surety, performance, | or other bond? Yes No |
| _ | | | |
| DU | CATION, LICENSURE, | MEMBERSHIPS | |
| . Edu | ıcation | | |
| Α. | TT' 1 C 1 1 Wilton Hood High | Hillian Hand Island OO | |
| Α. | | Hilton Head Island, SC ame and Location) | Year Graduated: 2003 |
| | *** | | |
| В. | List all postsecondary educat | tional institutions attended: | |
| | Name and Location | Date Attended | Certificates/Degrees Received |
| | | | |
| | Univ. of South Carolina | 2003-2007 | Bachelors |
| | Univ. of South Carolina American Military University | 2003-2007 2009-2011 | Bachelors Masters |
| | American Military University Walden University | | |
| | American Military University Walden University Georgetown University | 2009-2011 2012-2017 2022 | Masters PhD Certificate in Education Finance |
| | American Military University Walden University Georgetown University ave you received any degree(s) | 2009-2011 2012-2017 2022 | Masters PhD |
| th | American Military University Walden University Georgetown University ave you received any degree(s) | 2009-2011 2012-2017 2022 or professional certification Io If "Yes", list: | Masters PhD Certificate in Education Finance on(s) related to the subject matter of |
| My | American Military University Walden University Georgetown University ave you received any degree(s) is appointment? Yes | 2009-2011 2012-2017 2022 or professional certification If "Yes", list: | Masters PhD Certificate in Education Finance on(s) related to the subject matter of |
| My | American Military University Walden University Georgetown University ave you received any degree(s) is appointment? Yes y PhD is in Public Policy & Adminstration where | 2009-2011 2012-2017 2022 or professional certification If "Yes", list: | Masters PhD Certificate in Education Finance on(s) related to the subject matter of |
| . Ha | American Military University Walden University Georgetown University ave you received any degree(s) is appointment? Yes N y PhD is in Public Policy & Adminstration wh Education Finance from Georgetown University ave you held or do you hold an orida? Yes No No If fouring authority. If any discipling sbarment) has ever been taken a | 2009-2011 2012-2017 2022 or professional certification Io If "Yes", list: which has assisted me in previous Board University. occupational or profession "Yes", provide the title and ary action (fine, probation, | Masters PhD Certificate in Education Finance on(s) related to the subject matter of d positions. I also hold a Certificate nal license or certificate in the State of number, original issue date, and |
| . Ha Flo iss dis | American Military University Walden University Georgetown University ave you received any degree(s) is appointment? Yes N y PhD is in Public Policy & Adminstration wh Education Finance from Georgetown University ave you held or do you hold an orida? Yes No If four family in the suing authority. If any discipling | 2009-2011 2012-2017 2022 or professional certification of the professional certification of the profession of the profe | Masters PhD Certificate in Education Finance on(s) related to the subject matter of d positions. I also hold a Certificate nal license or certificate in the State of number, original issue date, and suspension, revocation, and/or uthority, state the type and date of the |
| . Ha Flo iss dis | American Military University Walden University Georgetown University ave you received any degree(s) is appointment? Yes No | 2009-2011 2012-2017 2022 or professional certification of the professional certification of the profession of the profession of the profession of the provide the title and ary action (fine, probation, against you by the issuing and profession of the profession of | Masters PhD Certificate in Education Finance on(s) related to the subject matter of d positions. I also hold a Certificate nal license or certificate in the State of number, original issue date, and suspension, revocation, and/or uthority, state the type and date of the |

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| 22. | Identify all association memberships and association offices held by you that relate to this appointment: Education Market Association - Director at Large | | | | | | | |
|-----|---|--|--|---|--|--|--|--|
| | | | | | | | | |
| | | | | | | | | |
| 23. | Name any business, professional, occupational, civic, or fraternal organization(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s). | | | | | | | |
| | Name N/A | Sailing Address | Office(s) Held & Te | Prm Date(s) of Membership | | | | |
| 24. | membership during the ti | knowledge, in practi me that you belonged If "yes", detail the | ice or in policy, restric d, on the basis of race, ne name and nature of | ts membership or restricted religion, national origin or the organization, relevant | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | during the last five years, l | mployer and for all o list your employer's r | of your employment, in | ncluding self-employment, | | | | |
| | Employer Name and Address The Amos Group | Type of Business Education | ment: Occupation/Title CRO | Period of Employment 2019-Present | | | | |
| | Your Day LLC | Consulting | CEO | 2015-2023 | | | | |
| | | | | | | | | |
| 26. | Have you ever been employes No If "Yes", period(s) of employment, a | identify the position | (s), the name(s) of the e | ent agency in Florida? employing agency, and the | | | | |
| | Position | Employing Agency | <u>P</u> | eriod of Employment | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| 27. | entity? Yes | No If | "Yes", state the nam | managing a business the | ss or other corpored dates of your inv | ate olvement, | |
|------|---|--|--|---|--|------------------|--|
| | and provide a l | orief description | of your involvement | nat conducted image, | maliki aal aa d | | |
| | | | | tion software/database | | | |
| | I oversee all of | our sales, marke | eting and government | relations operations. | | | |
| | | | g and go romion | Totaliono operations. | | | |
| 28. | Are you or hav If "Yes" list: | e you ever been | a member of the Un | ited States armed for | rces? Yes | No 🔳 | |
| | A. Dates of serv | | | | | | |
| | B. Branch or co | mponent: | | | | * | |
| C. D | ate and type of | discharge: | | | | | |
| 29. | Do you curren | tly hold an offic vernment? Ye | e or position (appoints No If " | ntive, civil service, o Yes", please list: | r other) with the | Federal or | |
| | | | | | | | |
| | | | | | | | |
| 30. | Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes No If "Yes", list: | | | | | | |
| | Title of Office: | | | | | | |
| | Term of Appointment: | | | | | | |
| | | | | | | | |
| 31. | If "Yes", state th | been elected or a ne office title, dat ty, county, distric | e of election or appor | blic office in this sta intment, term of offic | te? Yes 1 re, and level of | No 🔳 | |
| | Office Title | Date of Election | on or Appointment | Term of Office | Level of Gover | nment | |
| | | | * | | | | |
| | | | | | | | |
| | A. How freque | ntly were meetin | igs scheduled? | nittee(s) or council(s) | | | |
| | B. If you misse number mis | d any of the regused, and the reas | ularly scheduled mee son(s) for absence(s). | tings, state the numb | er of meetings at | tended, | |
| | Meetings Atter | | Meetings Misse | ed <u>Reas</u> | son for Absence | | |
| | | | | | | | |
| | - | | | | | | |

| | title, date of appointment, length of service, and provide a brief description of your involvement. I previously served on the Education Market Association's board for a 3 year term. The Education | | | | | | |
|-----------|---|--|--|--|--|--|--|
| | Market Association is a 100+ year organization that promotes an open market for quality education | | | | | | |
| | products and services. I was elected as a Beaufort County (SC) Board of Education representative in 2018 | | | | | | |
| | and was also appointed to the Beaufort-Jasper Academy of Career Excellence. | | | | | | |
| 33. | Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five years? Yes No If "Yes", please explain: A. Did you receive any compensation other than reimbursement for expenses? Yes No B. Name of agency or entity you lobbied and the principals you represented: | | | | | | |
| | Agency Lobbied Principals Represented | | | | | | |
| | | | | | | | |
| 4. | Describe your experiences and interests or elements of your personal history that qualify you for this appointment. I led the Policy Committee in the successful passage of the Board's new Coherent Governance Policy Manual, while also | | | | | | |
| | serving on the Finance; Growth; & Legislative committees on the BCSD BOE. Also oversaw the annual operating | | | | | | |
| | budget of \$320M along with the capital budget including over \$783M in referenda spending. | | | | | | |
| | badget of \$620W along with the capital badget including over \$765W in reference spending. | | | | | | |
| 5. | Describe your understanding of the role of a member of a university board of trustees. The primary role of a trustee is to provide oversight of the President in his/her execution of Board approved policies, | | | | | | |
| 5. | Describe your understanding of the role of a member of a university board of trustees. | | | | | | |
| | Describe your understanding of the role of a member of a university board of trustees. The primary role of a trustee is to provide oversight of the President in his/her execution of Board approved policies, directives, University operations, & finances. A trustee should implement policies and strategic plans fo the betterment of all students while utilizing an ethical, communicative and decisive resolve. | | | | | | |
| | Describe your understanding of the role of a member of a university board of trustees. The primary role of a trustee is to provide oversight of the President in his/her execution of Board approved policies, directives, University operations, & finances. A trustee should implement policies and strategic plans to the betterment of all students | | | | | | |
| CO | Describe your understanding of the role of a member of a university board of trustees. The primary role of a trustee is to provide oversight of the President in his/her execution of Board approved policies, directives, University operations, & finances. A trustee should implement policies and strategic plans fo the betterment of all students while utilizing an ethical, communicative and decisive resolve. | | | | | | |
| CO | Describe your understanding of the role of a member of a university board of trustees. The primary role of a trustee is to provide oversight of the President in his/her execution of Board approved policies, directives, University operations, & finances. A trustee should implement policies and strategic plans to the betterment of all students while utilizing an ethical, communicative and decisive resolve. Describe any involvement with and/or relationship to the university to which you are applying (other than as a student). | | | | | | |
| 6. | Describe your understanding of the role of a member of a university board of trustees. The primary role of a trustee is to provide oversight of the President in his/her execution of Board approved policies, directives, University operations, & finances. A trustee should implement policies and strategic plans to the betterment of all students while utilizing an ethical, communicative and decisive resolve. PNFLICT OF INTEREST Describe any involvement with and/or relationship to the university to which you are applying (other than as a student). | | | | | | |
| <u>CO</u> | Describe your understanding of the role of a member of a university board of trustees. The primary role of a trustee is to provide oversight of the President in his/her execution of Board approved policies, directives, University operations, & finances. A trustee should implement policies and strategic plans to the betterment of all students while utilizing an ethical, communicative and decisive resolve. NFLICT OF INTEREST Describe any involvement with and/or relationship to the university to which you are applying (other than as a student). N/A Have you, or any business of which you have been an owner, officer, or employee, held any employment or contractual relationship during the last four (4) years with the university to | | | | | | |
| CO 66. | Describe your understanding of the role of a member of a university board of trustees. The primary role of a trustee is to provide oversight of the President in his/her execution of Board approved policies, directives, University operations, & finances. A trustee should implement policies and strategic plans to the betterment of all students while utilizing an ethical, communicative and decisive resolve. **NFLICT OF INTEREST** Describe any involvement with and/or relationship to the university to which you are applying (other than as a student). N/A Have you, or any business of which you have been an owner, officer, or employee, held any employment or contractual relationship during the last four (4) years with the university to which you are seeking appointment? Yes No If "Yes", identify: | | | | | | |

| 38. | which members of yo | ur immediate family i actual relationship du | have been owners, office | ibling(s)), or businesses of rs, or employees, held any s with the university to which |
|-----|---|---|---|--|
| | Name of Business | Family Member's Relationship to you | Family Member's Relationship to Business | Business' Relationship to University |
| | | | | |
| 39. | Do you know of any which you have been | reason why you will r or will be appointed? | | the duties of the position to es", explain: |
| | | | | |
| RE | FERENCES | × | | |
| 40. | List three persons who complete address and Senate. | o have known you we telephone number. E | ll during the past five (5) exclude your relatives and | years. Include a current, I members of the Florida |
| | Name Comm. Manny Diaz, Jr., The Hon. Chris Latval | Mailing Address | Zip Code | Area Code/Telephone Number |
| | Rep. Shannon Erickso | | | |

| CERTIFICATION | |
|--|---|
| STATE OF FL | |
| COUNTY OF ST. Johns | |
| after being duly sworn, says: 1) the foregoing question; 2) that the interpretation that he/she will, as an appointed State of Florida. Be it further known understands that a background of performed on all nominees who a | ority, personally appeared Lache Kay Moya who hat he/she has carefully prepared or read the answers to the formation contained in said answers is complete and true; 3), fully support the Constitutions of the United States and the own that in signing this document the undersigned heck by the Florida Department of Law Enforcement will be are recommended to the Florida Board of Governors and that a Board of Governors' Statement on the Collection, Use or ers. |
| | Affiant's signature |
| Sworn to and subscribed before n | ne on this 28 day of October, 2024 by |
| Plackel Kay moyb. | |
| | (signature of hotary) |
| GILBERT J. PARDEE Notary Public, State of Florida Commission# HH 117213. My comm. expires April 14, 2025 | (typed, printed or stamped name) Notary Public Commission No.: My Commission Expires: |
| Personally Known | OR Produced Identification |

Type of Identification Produced _____ FLD L