From: noreply@civicplus.com
To: City Clerk Department

**Subject:** Online Form Submittal: Citizen Board/Committee Application

**Date:** Thursday, August 14, 2025 8:45:24 PM

### This Message Is From an External Sender

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## Citizen Board/Committee Application

### **Contact Information**

Applications remain on file for 6 months only.

Choose from the following	Ordinance Review Committee
Name	Kathy Bryan
Email Address	wbryan@cfl.rr.com
Organization	Field not completed.
Address	1625 Joyner Dr.
City	Deltona
State	FL
Zip Code	32725
Phone Number	3868046923
Fax Number	Field not completed.
About Yourself	
Number of Years as a Deltona Resident	25+ Years
What Commission district do you reside in?	District 2
Are you a registered voter in Volusia	Yes

## County?

Who is your employer? (Please include number of years, address, phone number and title / position)	Orlando Health 38 yrs Team Member Center 55 W Gore Orlando, FL 32806 Products Analyst, Sr  Manager: Misty Pagan Email is best initial contact: Misty.Pagan@orlandohealth.com
Please summarize your work experience.	31 years as Critical Care Registered Respiratory Therapist 3 years of that as Rt Department educator including policy review and updates 7 years Products analyst coordinating and building electronic health record for documentation, creating presentations and education development.
List any volunteer service organizations, clubs, or professional societies you are a member of and give the positions or titles you have held.	Field not completed.
Describe any additional knowledge, skill, education, or experience you have, which would assist you in the duties of this Board/Committee.	Being a long time citizen of the community combined with skills in policy review helps me to look at what ordinances are obsolete and which ones can be updated with language to reflect Deltona's current state. I also have an associate's degree in environmental engineering technology.
Explain why you want to serve on this Board/Committee, and include any potential contribution you selection would bring.	I like to participate in our city government and I believe helping to update our ordinances will help the city be more efficient and hopefully reflect better communication and interpretation of said ordinances between the City and it's residents. I believe my background can be a positive advantage to the project.
Potential Conflict of Interest	I have no conflicts.
Have you ever been convicted for violation of any federal, state, county, or municipal	No.

law, regulation, or ordinance? If so, give details. Do not include traffic violations or fines of \$100 or less that were imposed, unless it also included a jail sentence.

List names, addresses, and telephone numbers of at least three persons who are in a position to comment on your qualifications and of whom inquiry may be made by the City of Deltona.

Marsha Mohammed, Director Respiratory Care, Orlando Regional Medical Center 52 W Underwood St Orlando, FL 32806 321.841.5192

Sharon Taylor Registered Respiratory Therapist, Trauma ICU Clinical Specialist 52 W Underwood St. Orlando, FL 32806 407.529.5968

Connie Johnson, Supervisor Clinical Documentation Product Analysts 55 W Gore St Orlando, FL 32806 Best initial contact email: Connie.Johnson@orlandohealth.com

# Additional Information or Comments

I would be honored to serve in this capacity if given the chance.

Email not displaying correctly? View it in your browser.