



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Nominee's Name:	Adam Wilson
Email Address:	
Cell Phone:	
Company Name:	
ISACA Member Number:	

Instructions:

You may nominate yourself or another qualified candidate. Please submit nomination forms to nominations@isacasfl.org **by 5 pm on March 22nd, 2024**. ISACA South Florida elections will be open from **April 1st, 2024, to April 12, 2024**. Please email the completed form to nominations@isacasfl.org

Preference of Position on the Board of Directors:

Please select **ONE** role that you are interested in running for from the list below. The roles and responsibilities are described in the [chapter bylaws](#).

Officers:

President

Vice President

Secretary

Treasurer

Directors:

Director of Academic Relations

Director of Certification

Director of Communications

Director of Corporate Relations

Director of Membership

Director of Marketing

Director of Programming

Director of Volunteer Activities

Director at Large



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Please Note:

- Officer positions are 2-year terms and Director positions are 1-year terms.
- There is a limit of 3 Director-at-large positions on the Board.

Eligibility:

Please check the boxes below, indicating the nominee's eligibility to serve.

- X The nominee has signed the willingness to serve agreement (attached).
- X The nominee has signed the conflict-of-interest disclosure form (attached).
- X The nominee has read the [chapter bylaws](#), the [role/position descriptions](#) and agrees to abide by them.
- X The nominee has read the [chapter privacy policy](#) and agrees to abide by it.

Question 1

Please describe the nominee's previous participation with or support for ISACA South Florida. Also provide examples of the nominee's leadership and experience that demonstrates acumen and ability to perform adequately as member of the Board of Directors for ISACA South Florida.

Adam has been an active participant driving awareness to the organization since he became a member. He is very interested and vested in the clubs growth.

Question 2

Please explain the reason why the nominee is a good fit for the position nominated, and what the nominee intends to accomplish with regard to the position? (Please also see the Chapter's mission statement and values [here](#)).



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

The nominee is a great fit as he dedicated to serve the organization to the best of his professional ability by utilizing soft skills to drive the organization forward.

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signed: _____ Adam _____ Wilson _____ Date:
_____ 03/22/2024 _____

DD/MM/YY

Printed name: _____ Adam _____ Wilson _____



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Willingness to Serve Agreement

I _____Adam_____Wilson_____ declare that I am a member in good standing

(print name)

of the ISACA South Florida Chapter, and I wish to be considered by the Nominating Committee as a candidate to run for election to the Board of Directors.

(Check one of the following, as appropriate)

- As an Officer, I understand that I am expected to serve a two-year term.
- X As a Director, I understand that I am expected to serve a one-year term.

I also understand that I must familiarize myself with and abide by the chapter bylaws (including the minimum participation requirement of attending 50% of all chapter events) and privacy policy, as well as other policies and procedures established by the Board of Directors. I certify that all the information I have provided to ISACA South Florida is true and accurate, and I understand that in the event any of the information is not true and accurate, ISACA South Florida may remove me as a candidate for the election. I hereby grant ISACA South Florida permission to verify any information that I have provided.

I acknowledge that I have read and accept the duties detailed by the [chapter bylaws](#).

I further understand that I may need to obtain approval from my Organization/Employer to serve and that in my capacity as an Officer or Director, my actions have a direct reflection on the reputation and image of ISACA South Florida. Accordingly, it is necessary that I disclose any activities or circumstances in my professional or personal affairs that may constitute a conflict of interest to those of the chapter or bring harm to ISACA South Florida's reputation. I have attached any such necessary disclosure to this agreement.

Signed: _____Adam_____Wilson_____

Date:

__03/22/2024_____

DD/MM/YY



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Printed name: _____Adam_____Wilson_____



ISACA
South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Conflict of Interest Disclosure Form

Note: A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by the nominee’s other material interests, or relationships (especially economic), particularly if those interests or commitments are not disclosed. This Conflict-of-Interest Form should indicate whether the nominee has an economic interest in, or acts as an officer or a director of, any outside entity whose financial interests would reasonably appear to be affected by the addition of the nominee. The nominee should also disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest. Relevant organizationally established requirements and guidelines in financial conflicts must be abided by.

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

I have no conflict of interest to report.

I have the following potential or actual conflict(s) of interest to report. Specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own:

1. _____
2. _____
3. _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signed: _____ Adam _____ Wilson _____

Date:

____ 03/22/2024 _____

DD/MM/YY



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Printed name: _____Adam_____Wilson_____



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

E3

Nominee's Name:	Alexandra Lorie
Email Address:	
Cell Phone:	
Company Name:	
ISACA Member Number:	

Instructions:

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Preference of Position on the Board of Directors:

Please select **ONE** role that you are interested in running for from the list below. The roles and responsibilities are described in the [chapter bylaws](#).

Officers:

- President**
- Vice President**
- Secretary**
- Treasurer**

Directors:

- Director of Academic Relations**
- Director of Certification**
- Director of Communications**
- Director of Corporate Relations**
- Director of Marketing**
- Director of Programming**
- Director of Volunteer Activities**
- Director at Large**



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

___ **Director of Membership**

Please Note:

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- There is a limit of 3 Director-at-large positions on the Board.

Eligibility:

Please check the boxes below, indicating the nominee's eligibility to serve.

- xThe nominee has signed the willingness to serve agreement (attached).
- xThe nominee has signed the conflict-of-interest disclosure form (attached).
- xThe nominee has read the [chapter bylaws](#), the [role/position descriptions](#) and agrees to abide by them.
- xThe nominee has read the [chapter privacy policy](#) and agrees to abide by it.

Question 1

Please describe the nominee's previous participation with or support for ISACA South Florida. Also provide examples of the nominee's leadership and experience that demonstrates acumen and ability to perform adequately as member of the Board of Directors for ISACA South Florida.

It has been my privilege to have been a part of the South Florida ISACA Chapter for many years, including the last year as Academic Relations Director. I have been able to develop a solid relationship with some Universities and look forward to continuing to serve the Chapter and its members.

Question 2

Please explain the reason why the nominee is a good fit for the position nominated, and what the nominee intends to accomplish with regard to the position? (Please also see the Chapter's mission statement and values [here](#)).

I am applying for the Director of Academic Relations position, which will allows me to connect with students, faculty and organize events with the Boards support..



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South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signed: _____ Signature on file _____ Date: __3/24/2024__ DD/MM/YY

Printed name: __Alexandra Lorie_____



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Willingness to Serve Agreement

I Alexandra Lorie declare that I am a member in good standing
(print name)

of the ISACA South Florida Chapter, and I wish to be considered by the Nominating Committee as a candidate to run for election to the Board of Directors.

(Check one of the following, as appropriate)

- As an Officer, I understand that I am expected to serve a two-year term.
- As a Director, I understand that I am expected to serve a one-year term.

I also understand that I must familiarize myself with and abide by the chapter bylaws (including the minimum participation requirement of attending 50% of all chapter events) and privacy policy, as well as other policies and procedures established by the Board of Directors. I certify that all the information I have provided to ISACA South Florida is true and accurate, and I understand that in the event any of the information is not true and accurate, ISACA South Florida may remove me as a candidate for the election. I hereby grant ISACA South Florida permission to verify any information that I have provided.

I acknowledge that I have read and accept the duties detailed by the [chapter bylaws](#).

I further understand that I may need to obtain approval from my Organization/Employer to serve and that in my capacity as an Officer or Director, my actions have a direct reflection on the reputation and image of ISACA South Florida. Accordingly, it is necessary that I disclose any activities or circumstances in my professional or personal affairs that may constitute a conflict of interest to those of the chapter or bring harm to ISACA South Florida's reputation. I have attached any such necessary disclosure to this agreement.

Signed: Signature on file Date: 3/24/24

DD/MM/YY

Printed name: Alexandra Lorie



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Conflict of Interest Disclosure Form

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Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

I have no conflict of interest to report.

I have the following potential or actual conflict(s) of interest to report. Specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own:

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signed: Signature on file Date: 3/24/2024

Printed name: Alexandra Lorie



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

E3

Nominee’s Name:	Daniel Rosenberg
Email Address:	
Cell Phone:	
Company Name:	
ISACA Member Number:	

Instructions:

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Officers:

- President**
- Vice President**
- Secretary**
- Treasurer**

Directors:

- Director of Academic Relations**
- Director of Certification**
- Director of Communications**
- Director of Corporate Relations**
- Director of Membership**
- Director of Marketing**
- Director of Programming**
- Director of Volunteer Activities**
- Director at Large**



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Please Note:

- Officer positions are 2-year terms and Director positions are 1-year terms.
- There is a limit of 3 Director-at-large positions on the Board.

Eligibility:

Please check the boxes below, indicating the nominee's eligibility to serve.

- The nominee has signed the willingness to serve agreement (attached).
- The nominee has signed the conflict-of-interest disclosure form (attached).
- The nominee has read the [chapter bylaws](#), the [role/position descriptions](#) and agrees to abide by them.
- The nominee has read the [chapter privacy policy](#) and agrees to abide by it.

Question 1

Please describe the nominee's previous participation with or support for ISACA South Florida. Also provide examples of the nominee's leadership and experience that demonstrates acumen and ability to perform adequately as member of the Board of Directors for ISACA South Florida.

In addition to my primary role as one of the SOC practice leaders for Kaufman Rossin, I have been a volunteer with ISACA South Florida since 2018, and have held the Director of Programming and Director of Corporate Relations role over the last two years. During my terms as a chapter leader, I have supported the chapter's return to in-person activities and led the chapter's updated strategy for working with corporate, academic, and community sponsors.

Question 2

Please explain the reason why the nominee is a good fit for the position nominated, and what the nominee intends to accomplish with regard to the position? (Please also see the Chapter's mission statement and values [here](#)).

I have held the role of director of corporate relations, and have seen that organizations can find a great deal of value in partnering with the ISACASFL mission. ISACASFL's 45 year history as an advocate for members, community builder, and supporter has a powerful impact on those people and organizations that choose to engage with ISACASFL. As Director of Corporate Relations, I will continue to build relationships with organizations that want to contribute to our SFL community, and seek out opportunities for organizations to all achieve their various objectives together with ISACASFL.



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signed: *Daniel Rosenberg* Date: 3/12/2024
DD/MM/YY

Printed name: Daniel Rosenberg



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Willingness to Serve Agreement

I Daniel Rosenberg declare that I am a member in good standing
(print name)

of the ISACA South Florida Chapter, and I wish to be considered by the Nominating Committee as a candidate to run for election to the Board of Directors.

(Check one of the following, as appropriate)

- As an Officer, I understand that I am expected to serve a two-year term.
- As a Director, I understand that I am expected to serve a one-year term.

I also understand that I must familiarize myself with and abide by the chapter bylaws (including the minimum participation requirement of attending 50% of all chapter events) and privacy policy, as well as other policies and procedures established by the Board of Directors. I certify that all the information I have provided to ISACA South Florida is true and accurate, and I understand that in the event any of the information is not true and accurate, ISACA South Florida may remove me as a candidate for the election. I hereby grant ISACA South Florida permission to verify any information that I have provided.

I acknowledge that I have read and accept the duties detailed by the [chapter bylaws](#).

I further understand that I may need to obtain approval from my Organization/Employer to serve and that in my capacity as an Officer or Director, my actions have a direct reflection on the reputation and image of ISACA South Florida. Accordingly, it is necessary that I disclose any activities or circumstances in my professional or personal affairs that may constitute a conflict of interest to those of the chapter or bring harm to ISACA South Florida's reputation. I have attached any such necessary disclosure to this agreement.

Signed: Daniel Rosenberg Date: 3/12/2024
DD/MM/YY

Printed name: Daniel Rosenberg



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Conflict of Interest Disclosure Form

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Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

I have no conflict of interest to report.

I have the following potential or actual conflict(s) of interest to report. Specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own:

1. _____

2. _____

3. _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signed: Daniel Rosenberg Date: 3/12/2024

DD/MM/YY

Printed name: Daniel Rosenberg



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

E3

Nominee’s Name:	DC KIYEMBA
Email Address:	
Cell Phone:	
Company Name:	
ISACA Member Number:	

Instructions:

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Preference of Position on the Board of Directors:

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Officers:

- President**
- Vice President**
- Secretary**
- Treasurer**

Directors:

- Director of Academic Relations**
- Director of Certification**
- Director of Communications**
- Director of Corporate Relations**
- Director of Membership**
- Director of Marketing**
- Director of Programming**
- Director of Volunteer Activities**
- Director at Large**



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Please Note:

- Officer positions are 2-year terms and Director positions are 1-year terms.
- There is a limit of 3 Director-at-large positions on the Board.

Eligibility:

Please check the boxes below, indicating the nominee's eligibility to serve.

- The nominee has signed the willingness to serve agreement (attached).
- The nominee has signed the conflict-of-interest disclosure form (attached).
- The nominee has read the [chapter bylaws](#), the [role/position descriptions](#) and agrees to abide by them.
- The nominee has read the [chapter privacy policy](#) and agrees to abide by it.

Question 1

Please describe the nominee's previous participation with or support for ISACA South Florida. Also provide examples of the nominee's leadership and experience that demonstrates acumen and ability to perform adequately as member of the Board of Directors for ISACA South Florida.

I am the current treasurer, started June last year.

Question 2

Please explain the reason why the nominee is a good fit for the position nominated, and what the nominee intends to accomplish with regard to the position? (Please also see the Chapter's mission statement and values [here](#)).

I subscribe to the chapter's mission statement and values. And I hope I can add to the policies in use today to make the job easier.



ISACA®

South Florida Chapter

ELECTION NOMINATION FORM

2024 - 2025

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signed: DC Kiyemba Date: 14/03/24
DD/MM/YY

Printed name: Deusdedit C (DC) Kiyemba



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Willingness to Serve Agreement

I DC Kiyemba declare that I am a member in good standing
(print name)

of the ISACA South Florida Chapter, and I wish to be considered by the Nominating Committee as a candidate to run for election to the Board of Directors.

(Check one of the following, as appropriate)

- As an Officer, I understand that I am expected to serve a two-year term.
- As a Director, I understand that I am expected to serve a one-year term.

I also understand that I must familiarize myself with and abide by the chapter bylaws (including the minimum participation requirement of attending 50% of all chapter events) and privacy policy, as well as other policies and procedures established by the Board of Directors. I certify that all the information I have provided to ISACA South Florida is true and accurate, and I understand that in the event any of the information is not true and accurate, ISACA South Florida may remove me as a candidate for the election. I hereby grant ISACA South Florida permission to verify any information that I have provided.

I acknowledge that I have read and accept the duties detailed by the [chapter bylaws](#).

I further understand that I may need to obtain approval from my Organization/Employer to serve and that in my capacity as an Officer or Director, my actions have a direct reflection on the reputation and image of ISACA South Florida. Accordingly, it is necessary that I disclose any activities or circumstances in my professional or personal affairs that may constitute a conflict of interest to those of the chapter or bring harm to ISACA South Florida's reputation. I have attached any such necessary disclosure to this agreement.

Signed: DC Kiyemba Date: 14/03/24
DD/MM/YY

Printed name: Deusdedit C (DC) Kiyemba



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Conflict of Interest Disclosure Form

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Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

XX I have no conflict of interest to report.

 I have the following potential or actual conflict(s) of interest to report. Specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own:

1. _____
2. _____
3. _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signed: DC Kiyemba Date: 14/03/24
DD/MM/YY

Printed name: Deusdedit C (DC) Kiyemba



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

E3

Nominee's Name:	Dionne Merritt
Email Address:	
Cell Phone:	
Company Name:	
ISACA Member Number:	

Instructions:

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Preference of Position on the Board of Directors:

Please select **ONE** role that you are interested in running for from the list below. The roles and responsibilities are described in the [chapter bylaws](#).

Officers:

- President**
- Vice President**
- Secretary**
- Treasurer**

Directors:

- Director of Academic Relations**
- Director of Certification**
- Director of Communications**
- Director of Corporate Relations**
- Director of Membership**
- Director of Marketing**
- Director of Programming**
- Director of Volunteer Activities**
- Director at Large**
- Director of SheLeadsTech**



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Please Note:

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- There is a limit of 3 Director-at-large positions on the Board.

Eligibility:

Please check the boxes below, indicating the nominee's eligibility to serve.

- The nominee has signed the willingness to serve agreement (attached).
- The nominee has signed the conflict-of-interest disclosure form (attached).
- The nominee has read the [chapter bylaws](#), the [role/position descriptions](#) and agrees to abide by them.
- The nominee has read the [chapter privacy policy](#) and agrees to abide by it.

Question 1

Please describe the nominee's previous participation with or support for ISACA South Florida. Also provide examples of the nominee's leadership and experience that demonstrates acumen and ability to perform adequately as member of the Board of Directors for ISACA South Florida.

This past term was my first year serving on an ISACA board. It was a privilege and honor to serve my community and women in the industry. I enjoyed connecting others to local resources and even becoming mentors providing guidance to those who sought out my knowledge and expertise due to my involvement with ISACA SFL.

Question 2

Please explain the reason why the nominee is a good fit for the position nominated, and what the nominee intends to accomplish with regard to the position? (Please also see the Chapter's mission statement and values [here](#)).

I know that I will be a good fit for this position for this upcoming term because the program needs development. Now that I have already served a term I feel that I now understand what constituents in the SFL area want from SheLeadsTech. I have a plan that can be successfully implemented.



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signed: Dionne Merritt Date: 03/22/24
DD/MM/YY

Printed name: Dionne Merritt



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Willingness to Serve Agreement

I Dionne Merritt declare that I am a member in good standing
(print name)

of the ISACA South Florida Chapter, and I wish to be considered by the Nominating Committee as a candidate to run for election to the Board of Directors.

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I acknowledge that I have read and accept the duties detailed by the [chapter bylaws](#).

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Signed: Dionne Merritt Date: 03/22/24
DD/MM/YY

Printed name: Dionne Merritt



South Florida Chapter
ELECTION NOMINATION FORM
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1. _____

2. _____

3. _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signed: Dionne Merritt Date: 03/22/24

DD/MM/YY

Printed name: Dionne Merritt



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

E3

Nominee’s Name:	DOMINGO CASTILLO
Email Address:	
Cell Phone:	
Company Name:	
ISACA Member Number:	

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South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Please Note:

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- There is a limit of 3 Director-at-large positions on the Board.

Eligibility:

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- The nominee has read the [chapter bylaws](#), the [role/position descriptions](#) and agrees to abide by them.
- The nominee has read the [chapter privacy policy](#) and agrees to abide by it.

Question 1

Please describe the nominee's previous participation with or support for ISACA South Florida. Also provide examples of the nominee's leadership and experience that demonstrates acumen and ability to perform adequately as member of the Board of Directors for ISACA South Florida.

PAST DIRECTOR OF CORPORATE RELATIONS

Question 2

Please explain the reason why the nominee is a good fit for the position nominated, and what the nominee intends to accomplish with regard to the position? (Please also see the Chapter's mission statement and values [here](#)).

I WILL FOCUS IN STRENGTHEN THE RELATIONSHIP BETWEEN ISACA SFL CHAPTER AND MDC



ISACA®

South Florida Chapter

ELECTION NOMINATION FORM

2024 - 2025

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signed: Domingo Castillo Date: 03/21/2024
DD/MM/YY

Printed name: DOMINGO CASTILLO



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Willingness to Serve Agreement

I Domingo Castillo declare that I am a member in good standing
(print name)

of the ISACA South Florida Chapter, and I wish to be considered by the Nominating Committee as a candidate to run for election to the Board of Directors.

(Check one of the following, as appropriate)

- As an Officer, I understand that I am expected to serve a two-year term.
- As a Director, I understand that I am expected to serve a one-year term.

I also understand that I must familiarize myself with and abide by the chapter bylaws (including the minimum participation requirement of attending 50% of all chapter events) and privacy policy, as well as other policies and procedures established by the Board of Directors. I certify that all the information I have provided to ISACA South Florida is true and accurate, and I understand that in the event any of the information is not true and accurate, ISACA South Florida may remove me as a candidate for the election. I hereby grant ISACA South Florida permission to verify any information that I have provided.

I acknowledge that I have read and accept the duties detailed by the [chapter bylaws](#).

I further understand that I may need to obtain approval from my Organization/Employer to serve and that in my capacity as an Officer or Director, my actions have a direct reflection on the reputation and image of ISACA South Florida. Accordingly, it is necessary that I disclose any activities or circumstances in my professional or personal affairs that may constitute a conflict of interest to those of the chapter or bring harm to ISACA South Florida's reputation. I have attached any such necessary disclosure to this agreement.

Signed: Domingo Castillo Date: 03/21/2024
DD/MM/YY

Printed name: DOMINGO CASTILLO



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Conflict of Interest Disclosure Form

Note: A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by the nominee’s other material interests, or relationships (especially economic), particularly if those interests or commitments are not disclosed. This Conflict-of-Interest Form should indicate whether the nominee has an economic interest in, or acts as an officer or a director of, any outside entity whose financial interests would reasonably appear to be affected by the addition of the nominee. The nominee should also disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest. Relevant organizationally established requirements and guidelines in financial conflicts must be abided by.

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

I have no conflict of interest to report.

I have the following potential or actual conflict(s) of interest to report. Specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own:

1. _____

2. _____

3. _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signed: Domingo Castillo

Date: 03/21/2024

DD/MM/YY

Printed name: DOMINGO CASTILLO



ISACA®

South Florida Chapter ELECTION NOMINATION FORM 2024 - 2025

E3

Nominee's Name:	George Grachis
Email Address:	
Cell Phone:	
Company Name:	
ISACA Member Number:	

Instructions:

You may nominate yourself or another qualified candidate. Please submit nomination forms to nominations@isacasfl.org **by 5 pm on March 22nd, 2024**. ISACA South Florida elections will be open from **April 1st, 2024, to April 12, 2024**. Please email the completed form to nominations@isacasfl.org

Preference of Position on the Board of Directors:

Please select **ONE** role that you are interested in running for from the list below. The roles and responsibilities are described in the [chapter bylaws](#).

Officers:

- President
- Vice President
- Secretary
- Treasurer

Directors:

- Director of Academic Relations
- Director of Certification
- Director of Communications
- Director of Corporate Relations
- Director of Membership
- Director of Marketing
- Director of Programming
- Director of Volunteer Activities
- Director at Large



ISACA®

South Florida Chapter ELECTION NOMINATION FORM 2024 - 2025

Please Note:

- Officer positions are 2-year terms and Director positions are 1-year terms.
- There is a limit of 3 Director-at-large positions on the Board.

Eligibility:

Please check the boxes below, indicating the nominee's eligibility to serve.

- The nominee has signed the willingness to serve agreement (attached).
- The nominee has signed the conflict-of-interest disclosure form (attached).
- The nominee has read the **chapter bylaws**, the role/position descriptions and agrees to abide by them.
- The nominee has read the chapter privacy policy and agrees to abide by it.

Question 1

Please describe the nominee's previous participation with or support for ISACA South Florida. Also provide examples of the nominee's leadership and experience that demonstrates acumen and ability to perform adequately as member of the Board of Directors for ISACA South Florida.

2022 Served as Membership Director South FL ISACA
2009-13 Served as Secretary + other Dir positions Central
FLA ISACA

Question 2

Please explain the reason why the nominee is a good fit for the position nominated, and what the nominee intends to accomplish with regard to the position? (Please also see the Chapter's mission statement and values [here](#)).

I'm a team player and have over 30 years experience
in Cyber Security, Audit + Risk Management.

I will contribute to the organization as I have
since 2009. See my bio George Grachis
VCISO on CSOOnline.com



ISACA[®]

South Florida Chapter

ELECTION NOMINATION FORM

2024 - 2025

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signed: George Grachis Date: 3/12/24
DD/MM/YY

Printed name: George Grachis



ISACA®

South Florida Chapter ELECTION NOMINATION FORM 2024 - 2025

Willingness to Serve Agreement

I George Grachis declare that I am a member in good standing
(print name)

of the ISACA South Florida Chapter, and I wish to be considered by the Nominating Committee as a candidate to run for election to the Board of Directors.

(Check one of the following, as appropriate)

- As an Officer, I understand that I am expected to serve a two-year term.
- As a Director, I understand that I am expected to serve a one-year term.

I also understand that I must familiarize myself with and abide by the chapter bylaws (including the minimum participation requirement of attending 50% of all chapter events) and privacy policy, as well as other policies and procedures established by the Board of Directors. I certify that all the information I have provided to ISACA South Florida is true and accurate, and I understand that in the event any of the information is not true and accurate, ISACA South Florida may remove me as a candidate for the election. I hereby grant ISACA South Florida permission to verify any information that I have provided.

I acknowledge that I have read and accept the duties detailed by the chapter bylaws.

I further understand that I may need to obtain approval from my Organization/Employer to serve and that in my capacity as an Officer or Director, my actions have a direct reflection on the reputation and image of ISACA South Florida. Accordingly, it is necessary that I disclose any activities or circumstances in my professional or personal affairs that may constitute a conflict of interest to those of the chapter or bring harm to ISACA South Florida's reputation. I have attached any such necessary disclosure to this agreement.

Signed: Ben Boubi Date: 03/12/24
DD/MM/YY

Printed name: George Grachis



ISACA®

South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Conflict of Interest Disclosure Form

Note: A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by the nominee's other material interests, or relationships (especially economic), particularly if those interests or commitments are not disclosed. This Conflict-of-Interest Form should indicate whether the nominee has an economic interest in, or acts as an officer or a director of, any outside entity whose financial interests would reasonably appear to be affected by the addition of the nominee. The nominee should also disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest. Relevant organizationally established requirements and guidelines in financial conflicts must be abided by.

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

I have no conflict of interest to report.

I have the following potential or actual conflict(s) of interest to report. Specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own:

1. _____
2. _____
3. _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signed: George Grachis Date: 03/12/24
DD/MM/YY

Printed name: George Grachis



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Nominee's Name:	Glen Wells
Email Address:	
Cell Phone:	
Company Name:	
ISACA Member Number:	

Instructions:

You may nominate yourself or another qualified candidate. Please submit nomination forms to nominations@isacasfl.org **by 5 pm on March 22nd, 2024**. ISACA South Florida elections will be open from **April 1st, 2024, to April 12, 2024**. Please email the completed form to nominations@isacasfl.org

Preference of Position on the Board of Directors:

Please select **ONE** role that you are interested in running for from the list below. The roles and responsibilities are described in the [chapter bvlaws](#).

Officers:

President

Vice President

Secretary

Treasurer

Directors:

Director of Academic Relations

Director of Marketing

Director of Certification

Director of Programming

Director of Communications

Director of Volunteer Activities

Director of Corporate Relations

Director at Large

Director of Membership



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Please Note:

- Officer positions are 2-year terms and Director positions are 1-year terms.
- There is a limit of 3 Director-at-large positions on the Board.

Eligibility:

Please check the boxes below, indicating the nominee's eligibility to serve.

- The nominee has signed the willingness to serve agreement (attached).
- The nominee has signed the conflict-of-interest disclosure form (attached).
- The nominee has read the [chapter bylaws](#), the [role/position descriptions](#) and agrees to abide by them.
- The nominee has read the [chapter privacy policy](#) and agrees to abide by it.

Question 1

Please describe the nominee's previous participation with or support for ISACA South Florida. Also provide examples of the nominee's leadership and experience that demonstrates acumen and ability to perform adequately as member of the Board of Directors for ISACA South Florida.

I have been an active member of ISACA South Florida for over three years (approaching four years in May), participating in various events such as WOW2023!, WOW2024!, and the recent ISACA Community Day beach cleanup. My diverse background has significantly influenced my leadership approach, beginning with my nine-year service in the United States Marine Corps resulting in an Honorable Discharge.

In my previous role as the Operations Manager at a Chicago-based telecommunications company, Call One, I oversaw the Internal Wiring and VOIP Telephone Services Installation, Management, and Repair operations. During my tenure, I played a pivotal role in the company's community involvement, serving on the "Give Back" committee. This committee annually selected a charity, organized fundraising events, and presented a substantial donation to the chosen cause at year-end. Additionally, I led the events committee, managing all company-wide events, including the annual company picnic and a prominent end-of-year holiday party.

My commitment to serving others is further demonstrated by my two-year tenure as a VA Accredited County Veterans Service Officer. In this role, I assisted veterans in navigating the complex process of securing benefits from the Department of Veterans Affairs. Through these experiences, I have successfully worked with and led a wide variety of people with different backgrounds, views, and experiences to achieve common goals. I have developed a leadership style working rooted in a strong sense of community engagement and a genuine desire to contribute meaningfully to the Board of Directors and ISACA South Florida community.



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Question 2

Please explain the reason why the nominee is a good fit for the position nominated, and what the nominee intends to accomplish with regard to the position? (Please also see the Chapter's mission statement and values [here](#)).

Based on the experience described above, my commitment and willingness to serve, and my desire to help ISACA South Florida grow and impact the South Florida community in a positive way, I believe I am a good fit for the position of Director-at-Large. With this position, I would like to assist in any way that I am asked, but I vision would be to implement programming aimed at informing military veterans of the positive potential of technology while informing them of the benefits of advancing their careers in the by becoming ISACA members and earning ISACA certifications. In addition to this I would assist in ISACA events in whatever capacity I am needed.



ISACA[®]

South Florida Chapter

ELECTION NOMINATION FORM

2024 - 2025

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signed: Glen Wells Date: 03/08/24
DD/MM/YY

Printed name: Glen Wells



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Willingness to Serve Agreement

I GLEN WELLS declare that I am a member in good standing
(print name)

of the ISACA South Florida Chapter, and I wish to be considered by the Nominating Committee as a candidate to run for election to the Board of Directors.

(Check one of the following, as appropriate)

- As an Officer, I understand that I am expected to serve a two-year term.
- As a Director, I understand that I am expected to serve a one-year term.

I also understand that I must familiarize myself with and abide by the chapter bylaws (including the minimum participation requirement of attending 50% of all chapter events) and privacy policy, as well as other policies and procedures established by the Board of Directors. I certify that all the information I have provided to ISACA South Florida is true and accurate, and I understand that in the event any of the information is not true and accurate, ISACA South Florida may remove me as a candidate for the election. I hereby grant ISACA South Florida permission to verify any information that I have provided.

I acknowledge that I have read and accept the duties detailed by the [chapter bylaws](#).

I further understand that I may need to obtain approval from my Organization/Employer to serve and that in my capacity as an Officer or Director, my actions have a direct reflection on the reputation and image of ISACA South Florida. Accordingly, it is necessary that I disclose any activities or circumstances in my professional or personal affairs that may constitute a conflict of interest to those of the chapter or bring harm to ISACA South Florida's reputation. I have attached any such necessary disclosure to this agreement.

Signed: Glen Wells Date: 03/08/24
DD/MM/YY

Printed name: Glen Wells



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Conflict of Interest Disclosure Form

Note: A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by the nominee’s other material interests, or relationships (especially economic), particularly if those interests or commitments are not disclosed. This Conflict-of-Interest Form should indicate whether the nominee has an economic interest in, or acts as an officer or a director of, any outside entity whose financial interests would reasonably appear to be affected by the addition of the nominee. The nominee should also disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest. Relevant organizationally established requirements and guidelines in financial conflicts must be abided by.

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

I have no conflict of interest to report.

I have the following potential or actual conflict(s) of interest to report. Specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own:

1. Employer - ERMProtect Cybersecurity Solutions
2. N/A
3. N/A

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signed: Glen Wells Date: 03/08/24
DD/MM/YY

Printed name: Glen Wells



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

E3

Nominee's Name:	Jay Hunter Anson
Email Address:	
Cell Phone:	
Company Name:	
ISACA Member Number:	

Instructions:

You may nominate yourself or another qualified candidate. Please submit nomination forms to nominations@isacasfl.org **by 5 pm on March 22nd, 2024**. ISACA South Florida elections will be open from **April 1st, 2024, to April 12, 2024**. Please email the completed form to nominations@isacasfl.org

Preference of Position on the Board of Directors:

Please select **ONE** role that you are interested in running for from the list below. The roles and responsibilities are described in the [chapter bylaws](#).

Officers:

- President**
- Vice President**
- Secretary**
- Treasurer**

Directors:

- Director of Academic Relations**
- Director of Certification**
- Director of Communications**
- Director of Corporate Relations**
- Director of Membership**
- Director of Marketing**
- Director of Programming**
- Director of Volunteer Activities**
- Director at Large**



ISACA
South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Please Note:

- Officer positions are 2-year terms and Director positions are 1-year terms.
- There is a limit of 3 Director-at-large positions on the Board.

Eligibility:

Please check the boxes below, indicating the nominee's eligibility to serve.

- The nominee has signed the willingness to serve agreement (attached).
- The nominee has signed the conflict-of-interest disclosure form (attached).
- The nominee has read the [chapter bylaws](#), the [role/position descriptions](#) and agrees to abide by them.
- The nominee has read the [chapter privacy policy](#) and agrees to abide by it.

Question 1

Please describe the nominee's previous participation with or support for ISACA South Florida. Also provide examples of the nominee's leadership and experience that demonstrates acumen and ability to perform adequately as member of the Board of Directors for ISACA South Florida.

Member since 2016, participated in CISM Bootcamp and passed CISM certification in 2016
Director at Large since 2023 - Served on 1th Annual WOW committee, Represented the ISACA SFL during 2023 Hill Day in Washington DC, represented ISACA SFL during Nova Southeastern University "Meet the Cyber Expert"; Represented ISACASFL at SFISSA conference in FIU

Question 2

Please explain the reason why the nominee is a good fit for the position nominated, and what the nominee intends to accomplish with regard to the position? (Please also see the Chapter's mission statement and values [here](#)).



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signed:  Date: 03/19/2024
DD/MM/YY

Printed name: Jay Anson

As a candidate for marketing, communications, academic relations, or certifications director positions or director at large for ISACA SFL, several factors make me a strong fit for these roles:

Experience in Marketing and Communications: I have a solid background in marketing and communications, with 10+ years of experience in crafting effective strategies, developing compelling content, and implementing successful campaigns across various channels. My expertise encompasses both traditional and digital marketing techniques, including social media marketing, email marketing, content marketing, and SEO optimization.

I have a proven track record of driving engagement, increasing brand visibility, and enhancing communication effectiveness in previous roles.

Familiarity with ISACA and its Objectives: I possess a deep understanding of ISACA's mission, values, and goals, having been actively involved in the IT governance, risk management, and cybersecurity community. My familiarity with ISACA's certifications, such as CISA, CISM, and CRISC, enables me to effectively communicate their value proposition and benefits to stakeholders.

I am passionate about advancing ISACA's mission of empowering professionals in the technology audit, security, governance, and risk domains.

Strategic Vision and Leadership: I am adept at developing strategic marketing and communications plans aligned with organizational objectives and key performance indicators (KPIs).

With a collaborative leadership style, I excel in fostering cross-functional teamwork and driving initiatives from conception to execution. My ability to analyze market trends, identify opportunities, and mitigate risks equips me to make data-driven decisions that propel ISACA SFL forward.

Commitment to Continuous Improvement: I am committed to enhancing the value proposition of ISACA SFL through innovative marketing approaches, streamlined communication processes, and robust certification programs. I intend to leverage feedback from members, partners, and stakeholders to refine strategies, optimize outreach efforts, and ensure alignment with evolving industry needs. By implementing best practices and staying abreast of emerging trends in marketing, communications, and certification management, I aim to position ISACA SFL as a thought leader and trusted resource in the IT governance and cybersecurity community.

In summary, I am confident that my blend of marketing expertise, industry knowledge, strategic acumen, and passion for ISACA's mission makes me an ideal candidate for marketing, communications, or certifications director positions within ISACA SFL. If appointed, I intend to drive impactful initiatives that elevate the chapter's visibility, engagement, and member satisfaction while advancing its overarching objectives.



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Willingness to Serve Agreement

I Jay Anson declare that I am a member in good standing
(print name)

of the ISACA South Florida Chapter, and I wish to be considered by the Nominating Committee as a candidate to run for election to the Board of Directors.


(Check one of the following, as appropriate)

- As an Officer, I understand that I am expected to serve a two-year term.
- As a Director, I understand that I am expected to serve a one-year term.

I also understand that I must familiarize myself with and abide by the chapter bylaws (including the minimum participation requirement of attending 50% of all chapter events) and privacy policy, as well as other policies and procedures established by the Board of Directors. I certify that all the information I have provided to ISACA South Florida is true and accurate, and I understand that in the event any of the information is not true and accurate, ISACA South Florida may remove me as a candidate for the election. I hereby grant ISACA South Florida permission to verify any information that I have provided.

I acknowledge that I have read and accept the duties detailed by the [chapter bylaws](#).

I further understand that I may need to obtain approval from my Organization/Employer to serve and that in my capacity as an Officer or Director, my actions have a direct reflection on the reputation and image of ISACA South Florida. Accordingly, it is necessary that I disclose any activities or circumstances in my professional or personal affairs that may constitute a conflict of interest to those of the chapter or bring harm to ISACA South Florida's reputation. I have attached any such necessary disclosure to this agreement.

Signed:  Date: 03/19/2024
DD/MM/YY

Printed name: Jay Anson



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Conflict of Interest Disclosure Form

Note: A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by the nominee's other material interests, or relationships (especially economic), particularly if those interests or commitments are not disclosed. This Conflict-of-Interest Form should indicate whether the nominee has an economic interest in, or acts as an officer or a director of, any outside entity whose financial interests would reasonably appear to be affected by the addition of the nominee. The nominee should also disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest. Relevant organizationally established requirements and guidelines in financial conflicts must be abided by.

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

I have no conflict of interest to report.

I have the following potential or actual conflict(s) of interest to report. Specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own:

1. _____

2. _____

3. _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signed:  _____ Date: 03/19/2024
DD/MM/YY

Printed name: Jay Anson



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Nominee's Name:	Mehmet Cuneyt UVEY
Email Address:	
Cell Phone:	
Company Name:	
ISACA Member Number:	

Instructions:

You may nominate yourself or another qualified candidate. Please submit nomination forms to nominations@isacasfl.org **by 5 pm on March 22nd, 2024**. ISACA South Florida elections will be open from **April 1st, 2024, to April 12, 2024**. Please email the completed form to nominations@isacasfl.org

Preference of Position on the Board of Directors:

Please select **ONE** role that you are interested in running for from the list below. The roles and responsibilities are described in the [chapter bylaws](#).

Officers:

President

Vice President

Secretary

Treasurer

Directors:

Director of Academic Relations

Director of Marketing

Director of Certification

Director of Programming

Director of Communications

Director of Volunteer Activities

Director of Corporate Relations

Director at Large

Director of Membership



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Please Note:

- Officer positions are 2-year terms and Director positions are 1-year terms.
- There is a limit of 3 Director-at-large positions on the Board.

Eligibility:

Please check the boxes below, indicating the nominee's eligibility to serve.

- X The nominee has signed the willingness to serve agreement (attached).
- X The nominee has signed the conflict-of-interest disclosure form (attached).
- X The nominee has read the [chapter bylaws](#), the [role/position descriptions](#) and agrees to abide by them.
- X The nominee has read the [chapter privacy policy](#) and agrees to abide by it.

Question 1

Please describe the nominee's previous participation with or support for ISACA South Florida. Also provide examples of the nominee's leadership and experience that demonstrates acumen and ability to perform adequately as member of the Board of Directors for ISACA South Florida.

Participated ISACA South Florida Chapter in Feb. 2020 moving from abroad and took the Membership Director role until July 2022. Elected as President in April 2023, started in July 2022 and worked with the current and previous Board Members until today. He is an ISACA Member since 2002 and had flawlessly been on the Board since then. Founder Board Member of ISACA Istanbul Chapter, Founder President of ISACA Ankara Chapter. Dedicated, motivated, Team Builder, Networker and maintains close relations with all the other ISACA Chapters and the ISACA International (HQ), and facilitated solid successful results together with the Chapter Leaders Team.

During his Presidency, tasks/projects/strategic achievements completed with success (managing the changes) are numerous such as, a) Update of Bylaws, b) Orienting/Training and Enabling a very smooth Transition and Team Building from newly elected Board Members, c) Formation and functioning of Board of Governors,



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

d) Maturing and running the membership targeting (outbound) processes much faster with instant communication and response, enabling full transparency and collective decision making/actions e) Increase in the Number and Quality of the Events due to the end of COVID and running partnering many more events with the other associations to reach the community due to very good relations and support, f) Two Outstanding WOW Conferences with the support of the Board and Board of Governors and their Leadership, g) Two visits to Washington DC as ISACA South Florida set a very important example for other chapters, in representing ISACA in the visits and correspondence and lobbying in discussing with congressmen and politicians about regulatory environment and risks, h) Hands on order processing and distribution of giveaways / promotion material / advertisements and marketing with lowest costs and highest awareness results i) First time of creating a conference recognizing the Hispanic nature of South Florida and delivering Spanish Speakers to LATAM members, j) Organizing the visit of the ISACA CEO and the International Board Members to the WOW Conference with good relationship building and management k) Increase in the number of members from 1100 to 1400 l) Better use of Communication channels and increasing and bringing LinkedIn followers from 450 to 2200. m) Better communication of the events to the community with better presentation and marketing activities n) Increasing the number of Director at Large positions from 3 to 9 to include volunteers, their orientation and participation and get the best out of them, to strengthen the resilience of the chapter and better leadership development, o) Future and Forward looking vision and strategy defined and shared with the Board Members to strengthen the Training function and Training Programs to turn it into a full service function, including all flagship ISACA Certifications and non-ISACA Contents. p) Maintained sound financial management and spent annual revenues from members fully giving back to members with very low-priced events, large number of CPEs and facilitated networking and community work opportunities q) Transferred excess cash into the Investment Accounts to secure better return and lower the exposure.

I'd like to serve one more term to increase the maturity level of our functions targeting Level 4 out of 5 (or at least maintain Level 3 for all), in the Directorates of Programming (Level 2.5), Marketing (Level 1), Membership (Level 1.5), Corporate Relations (Level 2.5), Communications (Level 2), Academic Relations (Level 2), Certifications (Level 1.5), Volunteers (Level 2), Board of Governors (Level 2), and



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

create a Continuous Training function, achieve Larger Geographical Coverage of Chapter Events to reach Members in other counties in addition to Broward and Dade, and involve/activate the diversity of students, young professionals and women n technology much more with volunteer committees to support the Board Members, for the higher outreach and supporting the operational processes and procedures. In addition, the networking with other chapters and associations (IIA, SIM, ISSA, ISC2, Cyber-Florida, etc.) came to the point that we can do events and training sessions together, to lower the costs and achieve much higher returns and turnout results, nationwide or internationally.

Such targets above should not be perceived as revolution, but considered as evolution, based on the collective decisions and harmonious teamwork, cooperation and collaboration of all the chapter leaders and the community stakeholders. It has always been a privilege to serve...

Question 2

Please explain the reason why the nominee is a good fit for the position nominated, and what the nominee intends to accomplish with regard to the position? (Please also see the Chapter's mission statement and values [here](#)).

Experienced, knowledgeable, focused, motivated, team-worker, forward-looking and dedicated. Maintains ethics, values, justice, courage and prudence and keeps diversity but all-inclusion, promotes serving and friendship at the highest level with enthusiasm and high professional energy.

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signed: _____  Date: March 21st 2024
DD/MM/YY

Printed name: MEHMET CUNEYT UVEY



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Willingness to Serve Agreement

I MEHMET CUNEYT UVEY declare that I am a member in good standing of the ISACA South Florida Chapter, and I wish to be considered by the Nominating Committee as a candidate to run for election to the Board of Directors.

(Check one of the following, as appropriate)

- X As an Officer, I understand that I am expected to serve a two-year term.
- As a Director, I understand that I am expected to serve a one-year term.

I also understand that I must familiarize myself with and abide by the chapter bylaws (including the minimum participation requirement of attending 50% of all chapter events) and privacy policy, as well as other policies and procedures established by the Board of Directors. I certify that all the information I have provided to ISACA South Florida is true and accurate, and I understand that in the event any of the information is not true and accurate, ISACA South Florida may remove me as a candidate for the election. I hereby grant ISACA South Florida permission to verify any information that I have provided.

I acknowledge that I have read and accept the duties detailed by the [chapter bylaws](#).

I further understand that I may need to obtain approval from my Organization/Employer to serve and that in my capacity as an Officer or Director, my actions have a direct reflection on the reputation and image of ISACA South Florida. Accordingly, it is necessary that I disclose any activities or circumstances in my professional or personal affairs that may constitute a conflict of interest to those of the chapter or bring harm to ISACA South Florida's reputation. I have attached any such necessary disclosure to this agreement.

Signed: _____

A handwritten signature in blue ink, appearing to read 'Mehmet Cuneyt Uvey', written over a horizontal line.

Date: March 21st 2024

DD/MM/YY

Printed name: _____

MEHMET CUNEYT UVEY



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Conflict of Interest Disclosure Form

Note: A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by the nominee's other material interests, or relationships (especially economic), particularly if those interests or commitments are not disclosed. This Conflict-of-Interest Form should indicate whether the nominee has an economic interest in, or acts as an officer or a director of, any outside entity whose financial interests would reasonably appear to be affected by the addition of the nominee. The nominee should also disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest. Relevant organizationally established requirements and guidelines in financial conflicts must be abided by.

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

I have no conflict of interest to report.

I have the following potential or actual conflict(s) of interest to report. Specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own:

1. _____

2. _____

3. _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signed: _____

A handwritten signature in blue ink, appearing to read 'Mehmet Cunevt Uvey', written over a horizontal line.

Date: March 21st 2024

DD/MM/YY

Printed name: MEHMET CUNEYT UVEY



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

E3

Nominee's Name:	Peter Christiaans
Email Address:	
Cell Phone:	
Company Name:	
ISACA Member Number:	

Instructions:

You may nominate yourself or another qualified candidate. Please submit nomination forms to nominations@isacasfl.org **by 5 pm on March 22nd, 2024**. ISACA South Florida elections will be open from **April 1st, 2024, to April 12, 2024**. Please email the completed form to nominations@isacasfl.org

Preference of Position on the Board of Directors:

Please select **ONE** role that you are interested in running for from the list below. The roles and responsibilities are described in the [chapter bylaws](#).

Officers:

- President**
- Vice President**
- Secretary**
- Treasurer**

Directors:

- Director of Academic Relations**
- Director of Certification**
- Director of Communications**
- Director of Corporate Relations**
- Director of Membership**
- Director of Marketing**
- Director of Programming**
- Director of Volunteer Activities**
- Director at Large**



ISACA[®]
South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Please Note:

- Officer positions are 2-year terms and Director positions are 1-year terms.
- There is a limit of 3 Director-at-large positions on the Board.

Eligibility:

Please check the boxes below, indicating the nominee's eligibility to serve.

- The nominee has signed the willingness to serve agreement (attached).
- The nominee has signed the conflict-of-interest disclosure form (attached).
- The nominee has read the [chapter bylaws](#), the [role/position descriptions](#) and agrees to abide by them.
- The nominee has read the [chapter privacy policy](#) and agrees to abide by it.

Question 1

Please describe the nominee's previous participation with or support for ISACA South Florida. Also provide examples of the nominee's leadership and experience that demonstrates acumen and ability to perform adequately as member of the Board of Directors for ISACA South Florida.

It has been my privilege to have been a part of the South Florida ISACA Chapter for many years, including 5 years as its President along with terms as Treasurer and Secretary. I have been able to develop a solid understanding of the Chapter's operations and strategic direction and look forward to continuing to serve the Chapter and its members.

Question 2

Please explain the reason why the nominee is a good fit for the position nominated, and what the nominee intends to accomplish with regard to the position? (Please also see the Chapter's mission statement and values [here](#)).


I am applying for the Director At Large position, which will allow me to serve as a 'utility player' on the Board. With my extensive background with ISACA (at the South Florida Chapter level)



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

and at the International level, I can add value across each of the Board positions and Committee areas.

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signed: _____  _____ Date: 3/22/24
DD/MM/YY

Printed name: PETER CHRISTIAANS_____



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Willingness to Serve Agreement

I PETER CHRISTIAANS declare that I am a member in good standing
(print name)

of the ISACA South Florida Chapter, and I wish to be considered by the Nominating Committee as a candidate to run for election to the Board of Directors.


(Check one of the following, as appropriate)

- As an Officer, I understand that I am expected to serve a two-year term.
 As a Director, I understand that I am expected to serve a one-year term.

I also understand that I must familiarize myself with and abide by the chapter bylaws (including the minimum participation requirement of attending 50% of all chapter events) and privacy policy, as well as other policies and procedures established by the Board of Directors. I certify that all the information I have provided to ISACA South Florida is true and accurate, and I understand that in the event any of the information is not true and accurate, ISACA South Florida may remove me as a candidate for the election. I hereby grant ISACA South Florida permission to verify any information that I have provided.

I acknowledge that I have read and accept the duties detailed by the [chapter bylaws](#).

I further understand that I may need to obtain approval from my Organization/Employer to serve and that in my capacity as an Officer or Director, my actions have a direct reflection on the reputation and image of ISACA South Florida. Accordingly, it is necessary that I disclose any activities or circumstances in my professional or personal affairs that may constitute a conflict of interest to those of the chapter or bring harm to ISACA South Florida's reputation. I have attached any such necessary disclosure to this agreement.

Signed:  Date: 3/22/24
DD/MM/YY

Printed name: PETER CHRISTIAANS



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Conflict of Interest Disclosure Form

Note: A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by the nominee's other material interests, or relationships (especially economic), particularly if those interests or commitments are not disclosed. This Conflict-of-Interest Form should indicate whether the nominee has an economic interest in, or acts as an officer or a director of, any outside entity whose financial interests would reasonably appear to be affected by the addition of the nominee. The nominee should also disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest. Relevant organizationally established requirements and guidelines in financial conflicts must be abided by.

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

I have no conflict of interest to report.

I have the following potential or actual conflict(s) of interest to report. Specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own:

1. Chair, Board of Trustees, Omicron Delta Kappa National Leadership Honor Society and Foundation

2. Treasurer-Elect, American College of Healthcare Executives, South Florida Chapter _____

3. _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signed:  Date: 3/22/2024
Printed name: PETER CHRISTIAANS



ISACA

South Florida Chapter

ELECTION NOMINATION FORM

2024 - 2025

E3

Nominee's Name:	RYAN BARRAS
Email Address:	
Cell Phone:	
Company Name:	
ISACA Member Number:	

Instructions:

You may nominate yourself or another qualified candidate. Please submit nomination forms to nominations@isacasfl.org **by 5 pm on March 22nd, 2024**. ISACA South Florida elections will be open from **April 1st, 2024, to April 12, 2024**. Please email the completed form to nominations@isacasfl.org

Preference of Position on the Board of Directors:

Please select **ONE** role that you are interested in running for from the list below. The roles and responsibilities are described in the [chapter bylaws](#).

Officers:

President

Vice President

Secretary

Treasurer

Directors:

Director of Academic Relations

Director of Marketing

Director of Certification

Director of Programming

Director of Communications

Director of Volunteer Activities

Director of Corporate Relations

Director at Large

Director of Membership

 **ISACA**
South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Please Note:

- Officer positions are 2-year terms and Director positions are 1-year terms.
- There is a limit of 3 Director-at-large positions on the Board.

Eligibility:

Please check the boxes below, indicating the nominee's eligibility to serve.

- The nominee has signed the willingness to serve agreement (attached).
- The nominee has signed the conflict-of-interest disclosure form (attached).
- The nominee has read the [chapter bylaws](#), the [role/position descriptions](#) and agrees to abide by them.
- The nominee has read the [chapter privacy policy](#) and agrees to abide by it.

Question 1

Please describe the nominee's previous participation with or support for ISACA South Florida. Also provide examples of the nominee's leadership and experience that demonstrates acumen and ability to perform adequately as member of the Board of Directors for ISACA South Florida.

~~5/21 - 4/22~~ 5/22 - 4/24 Vice President X
5/21 - 4/22 Director of Programming.

Question 2

Please explain the reason why the nominee is a good fit for the position nominated, and what the nominee intends to accomplish with regard to the position? (Please also see the Chapter's mission statement and values [here](#)).

Continued participation as a practitioner,
elevating ISACA's South Florida Chapter's
exposure and growing membership.



ISACA

South Florida Chapter

**ELECTION NOMINATION FORM
2024 - 2025**

Conflict of Interest Disclosure Form

Note: A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by the nominee's other material interests, or relationships (especially economic), particularly if those interests or commitments are not disclosed. This Conflict-of-Interest Form should indicate whether the nominee has an economic interest in, or acts as an officer or a director of, any outside entity whose financial interests would reasonably appear to be affected by the addition of the nominee. The nominee should also disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest. Relevant organizationally established requirements and guidelines in financial conflicts must be abided by.

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

I have no conflict of interest to report.

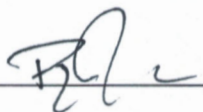
I have the following potential or actual conflict(s) of interest to report. Specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own:

1. _____

2. _____

3. _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signed: 

Date: 3/21/22
DD/MM/YY

Printed name: Ryan Barras



ISACA

South Florida Chapter

ELECTION NOMINATION FORM 2024 - 2025

Willingness to Serve Agreement

I Ryan Barras declare that I am a member in good standing
(print name)

of the ISACA South Florida Chapter, and I wish to be considered by the Nominating Committee as a candidate to run for election to the Board of Directors.

(Check one of the following, as appropriate)

- As an Officer, I understand that I am expected to serve a two-year term.
- As a Director, I understand that I am expected to serve a one-year term.

I also understand that I must familiarize myself with and abide by the chapter bylaws (including the minimum participation requirement of attending 50% of all chapter events) and privacy policy, as well as other policies and procedures established by the Board of Directors. I certify that all the information I have provided to ISACA South Florida is true and accurate, and I understand that in the event any of the information is not true and accurate, ISACA South Florida may remove me as a candidate for the election. I hereby grant ISACA South Florida permission to verify any information that I have provided.

I acknowledge that I have read and accept the duties detailed by the [chapter bylaws](#).

I further understand that I may need to obtain approval from my Organization/Employer to serve and that in my capacity as an Officer or Director, my actions have a direct reflection on the reputation and image of ISACA South Florida. Accordingly, it is necessary that I disclose any activities or circumstances in my professional or personal affairs that may constitute a conflict of interest to those of the chapter or bring harm to ISACA South Florida's reputation. I have attached any such necessary disclosure to this agreement.

Signed: Ryan Barras Date: 3/21/22
DD/MM/YY

Printed name: Ryan Barras



ISACA

South Florida Chapter

ELECTION NOMINATION FORM

2024 - 2025

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signed:  Date: 3/21/2022
DD/MM/YY

Printed name: Ryan Barajas

RYAN BARRAS, MBA, CISM, CRISC, CompTIA Security+, ITIL EXPERT

INFORMATION TECHNOLOGY & RISK MANAGEMENT LEADER

Over 12 years of Executive-level Business management experience, and 11 years of specialized practice in IT Management and Risk Management. Ryan has designed and implemented IT Management frameworks for various IT organizations, introducing structure and management disciplines to streamline operations. He has applied these same fundamentals in Cybersecurity to optimize and automate operational and governance functions. He is a talented relationship builder, able to help steer IT/Cyber organizations towards the same objective, overcoming often seemingly conflicting goals across different departments. He has trained and mentored thousands of IT and cybersecurity professionals across the country, and dedicates much of his time outside of work to sharing knowledge and enhancing industry knowledge through his Board membership on ISACA and SIM.

Education

MBA - University of Georgia (specialization IT Management)

BA Degree - International Business, De Haagse Hogeschool (Netherlands)

Certifications

Certified Information Security Manager (**CISM**)

Certified in Risk Information Systems Control (**CRISC**)

CompTIA Security+

ITIL Expert v3, ITIL v4 Managing Professional v4



Areas of Expertise

- IT Management
 - Processes efficiency & Best Practices
 - KPI/CRF/KRI/SLA development & implementation
 - Board reporting & communication
 - Executive Mentoring
- IT Risk Management:
 - Third Party Risk
 - IT and Cyber Risk Assessments
 - (Security) Incident Response Planning
 - Regulatory Compliance (incl. SEC Awareness)



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

E3

Nominee's Name:	Senjoy J Panavelil
Email Address:	
Cell Phone:	
Company Name:	
ISACA Member Number:	

Instructions:

You may nominate yourself or another qualified candidate. Please submit nomination forms to nominations@isacasfl.org **by 5 pm on March 22nd, 2024**. ISACA South Florida elections will be open from **April 1st, 2024, to April 12, 2024**. Please email the completed form to nominations@isacasfl.org

Preference of Position on the Board of Directors:

Please select **ONE** role that you are interested in running for from the list below. The roles and responsibilities are described in the [chapter bylaws](#).

Officers:

- President**
- Vice President**
- Secretary**
- Treasurer**

Directors:

- | | |
|---|--|
| <input type="checkbox"/> Director of Academic Relations | <input type="checkbox"/> Director of Marketing |
| <input type="checkbox"/> Director of Certification | <input checked="" type="checkbox"/> Director of Programming |
| <input type="checkbox"/> Director of Communications | <input type="checkbox"/> Director of Volunteer Activities |
| <input type="checkbox"/> Director of Corporate Relations | <input type="checkbox"/> Director at Large |
| <input type="checkbox"/> Director of Membership | |



ISACA
South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Please Note:

- Officer positions are 2-year terms and Director positions are 1-year terms.
- There is a limit of 3 Director-at-large positions on the Board.

Eligibility:

Please check the boxes below, indicating the nominee's eligibility to serve.

- The nominee has signed the willingness to serve agreement (attached).
- The nominee has signed the conflict-of-interest disclosure form (attached).
- The nominee has read the [chapter bylaws](#), the [role/position descriptions](#) and agrees to abide by them.
- The nominee has read the [chapter privacy policy](#) and agrees to abide by it.

Question 1

Please describe the nominee's previous participation with or support for ISACA South Florida. Also provide examples of the nominee's leadership and experience that demonstrates acumen and ability to perform adequately as member of the Board of Directors for ISACA South Florida.

I've been an Isaca member for few years and also the current BOD in programming. I've experience in organizing events for Isaca Sfl chapter

Question 2

Please explain the reason why the nominee is a good fit for the position nominated, and what the nominee intends to accomplish with regard to the position? (Please also see the Chapter's mission statement and values [here](#)).

My professional values align with Isaca's vision and objective. I've successfully completed one year in this role and collaborated with the board and event chairs to organize and present ISACASFL vision through various professional events, workshop, trainings etc.



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signed:  Date: 3/22/24
DD/MM/YY

Printed name: Senjoy J Panavelil



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Willingness to Serve Agreement

I Senjoy J Panavelil declare that I am a member in good standing
(print name)

of the ISACA South Florida Chapter, and I wish to be considered by the Nominating Committee as a candidate to run for election to the Board of Directors.

(Check one of the following, as appropriate)

- As an Officer, I understand that I am expected to serve a two-year term.
- As a Director, I understand that I am expected to serve a one-year term.

I also understand that I must familiarize myself with and abide by the chapter bylaws (including the minimum participation requirement of attending 50% of all chapter events) and privacy policy, as well as other policies and procedures established by the Board of Directors. I certify that all the information I have provided to ISACA South Florida is true and accurate, and I understand that in the event any of the information is not true and accurate, ISACA South Florida may remove me as a candidate for the election. I hereby grant ISACA South Florida permission to verify any information that I have provided.

I acknowledge that I have read and accept the duties detailed by the [chapter bylaws](#).

I further understand that I may need to obtain approval from my Organization/Employer to serve and that in my capacity as an Officer or Director, my actions have a direct reflection on the reputation and image of ISACA South Florida. Accordingly, it is necessary that I disclose any activities or circumstances in my professional or personal affairs that may constitute a conflict of interest to those of the chapter or bring harm to ISACA South Florida's reputation. I have attached any such necessary disclosure to this agreement.

Signed:  Date: 3/22/24
DD/MM/YY

Printed name: Senjoy J Panavelil



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Conflict of Interest Disclosure Form

Note: A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by the nominee's other material interests, or relationships (especially economic), particularly if those interests or commitments are not disclosed. This Conflict-of-Interest Form should indicate whether the nominee has an economic interest in, or acts as an officer or a director of, any outside entity whose financial interests would reasonably appear to be affected by the addition of the nominee. The nominee should also disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest. Relevant organizationally established requirements and guidelines in financial conflicts must be abided by.

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

_____ I have no conflict of interest to report.

_____ I have the following potential or actual conflict(s) of interest to report. Specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own:

1. _____

2. _____

3. _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signed: _____ Date: _____

DD/MM/YY

Printed name: _____



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

E3

Nominee's Name:	Solange Amado Blunt
Email Address:	
Cell Phone:	
Company Name:	
ISACA Member Number:	

Instructions:

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Preference of Position on the Board of Directors:

Please select ONE role that you are interested in running for from the list below. The roles and responsibilities are described in the [chapter bylaws](#).

Officers:

- President
- Vice President
- Secretary
- Treasurer

Directors:

- Director of Academic Relations
- Director of Certification
- Director of Communications
- Director of Corporate Relations
- Director of Membership
- Director of Marketing
- Director of Programming
- Director of Volunteer Activities
- Director at Large



ISACA[®]

South Florida Chapter

**ELECTION NOMINATION FORM
2024 - 2025**

Please Note:

- Officer positions are 2-year terms and Director positions are 1-year terms.
- There is a limit of 3 Director-at-large positions on the Board.

Eligibility:

Please check the boxes below, indicating the nominee's eligibility to serve.

- The nominee has signed the willingness to serve agreement (attached).
- The nominee has signed the conflict-of-interest disclosure form (attached).
- The nominee has read the [chapter bylaws](#), the [role/position descriptions](#) and agrees to abide by them.
- The nominee has read the [chapter privacy policy](#) and agrees to abide by it.

Question 1

Please describe the nominee's previous participation with or support for ISACA South Florida. Also provide examples of the nominee's leadership and experience that demonstrates acumen and ability to perform adequately as member of the Board of Directors for ISACA South Florida.

Previous Isaca South Florida Treasurer 2022-2023

Question 2

Please explain the reason why the nominee is a good fit for the position nominated, and what the nominee intends to accomplish with regard to the position? (Please also see the Chapter's mission statement and values [here](#)).

I would like to contribute to the growth of ISACA South Florida. I am a professor at St. Thomas University College of Business, as well as, the Program Director for the Graduate Accounting programs. I am a CPA, I have a doctorate in Business Administration with specialization in Information Security, MBA in International Business and a Master in Interamerican Studies from the University of Miami.



ISACA[®]

South Florida Chapter

ELECTION NOMINATION FORM

2024 - 2025

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signed:  Date: 02/28/2024
DD/MM/YY

Printed name: Solange Amado Blunt

 **ISACA**[®]
South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Willingness to Serve Agreement

I Solange Amado Blunt declare that I am a member in good standing
(print name)

of the ISACA South Florida Chapter, and I wish to be considered by the Nominating Committee as a candidate to run for election to the Board of Directors.

(Check one of the following, as appropriate)

- As an Officer, I understand that I am expected to serve a two-year term.
 As a Director, I understand that I am expected to serve a one-year term.

I also understand that I must familiarize myself with and abide by the chapter bylaws (including the minimum participation requirement of attending 50% of all chapter events) and privacy policy, as well as other policies and procedures established by the Board of Directors. I certify that all the information I have provided to ISACA South Florida is true and accurate, and I understand that in the event any of the information is not true and accurate, ISACA South Florida may remove me as a candidate for the election. I hereby grant ISACA South Florida permission to verify any information that I have provided.

I acknowledge that I have read and accept the duties detailed by the [chapter bylaws](#).

I further understand that I may need to obtain approval from my Organization/Employer to serve and that in my capacity as an Officer or Director, my actions have a direct reflection on the reputation and image of ISACA South Florida. Accordingly, it is necessary that I disclose any activities or circumstances in my professional or personal affairs that may constitute a conflict of interest to those of the chapter or bring harm to ISACA South Florida's reputation. I have attached any such necessary disclosure to this agreement.

Signed:  Date: 02/28/2024
DD/MM/YY

Printed name: Solange Amado Blunt

 **ISACA**
South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Conflict of Interest Disclosure Form

Note: A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by the nominee's other material interests, or relationships (especially economic), particularly if those interests or commitments are not disclosed. This Conflict-of-Interest Form should indicate whether the nominee has an economic interest in, or acts as an officer or a director of, any outside entity whose financial interests would reasonably appear to be affected by the addition of the nominee. The nominee should also disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest. Relevant organizationally established requirements and guidelines in financial conflicts must be abided by.

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

I have no conflict of interest to report.

I have the following potential or actual conflict(s) of interest to report. Specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own:

1. _____

2. _____

3. _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signed:  _____ Date: 02/28/2024

DD/MM/YY

Printed name: Solange Amado Blunt



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

E3

Nominee's Name:	Vy Do
Email Address:	
Cell Phone:	
Company Name:	
ISACA Member Number:	

Instructions:

You may nominate yourself or another qualified candidate. Please submit nomination forms to nominations@isacasfl.org **by 5 pm on March 22nd, 2024**. ISACA South Florida elections will be open from **April 1st, 2024, to April 12, 2024**. Please email the completed form to nominations@isacasfl.org

Preference of Position on the Board of Directors:

Please select **ONE** role that you are interested in running for from the list below. The roles and responsibilities are described in the [chapter bylaws](#).

Officers:

- President**
- Vice President**
- Secretary**
- Treasurer**

Directors:

- Director of Academic Relations**
- Director of Marketing**
- Director of Certification**
- Director of Programming**
- Director of Communications**
- Director of Volunteer Activities**
- Director of Corporate Relations**
- Director at Large**
- Director of Membership**



ISACA[®]
South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Please Note:

- Officer positions are 2-year terms and Director positions are 1-year terms.
- There is a limit of 3 Director-at-large positions on the Board.

Eligibility:

Please check the boxes below, indicating the nominee's eligibility to serve.

- The nominee has signed the willingness to serve agreement (attached).
- The nominee has signed the conflict-of-interest disclosure form (attached).
- The nominee has read the [chapter bylaws](#), the [role/position descriptions](#) and agrees to abide by them.
- The nominee has read the [chapter privacy policy](#) and agrees to abide by it.

Question 1

Please describe the nominee's previous participation with or support for ISACA South Florida. Also provide examples of the nominee's leadership and experience that demonstrates acumen and ability to perform adequately as member of the Board of Directors for ISACA South Florida.

I have been a member in ISACA South Florida since 2020. I have been serving the Board as Marketing Chair for the last two years. I feel I have contributed a lot to the chapter by being an active contributor and assisting with all Marketing efforts. This past year was initiated WOW Conference Marketing promo gifts for all attendees, I also coordinated the Speaker trophies in limited amount of time. I have created nearly all ISACA / joint events infographics, worked closely with the Programming Director and Communications Director to ensure marketing efforts are carried out timely and visually appealing.

Question 2

Please explain the reason why the nominee is a good fit for the position nominated, and what the nominee intends to accomplish with regard to the position? (Please also see the Chapter's mission statement and values [here](#)).

This year I hope to expand our marketing to younger professionals by marketing more recruitment and scholarship opportunities. I also hope to work closely with the Director of Membership to market out appealing ways to increase our membership.



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Conflict of Interest Disclosure Form

Note: A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by the nominee's other material interests, or relationships (especially economic), particularly if those interests or commitments are not disclosed. This Conflict-of-Interest Form should indicate whether the nominee has an economic interest in, or acts as an officer or a director of, any outside entity whose financial interests would reasonably appear to be affected by the addition of the nominee. The nominee should also disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest. Relevant organizationally established requirements and guidelines in financial conflicts must be abided by.

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

I have no conflict of interest to report.

I have the following potential or actual conflict(s) of interest to report. Specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own:

1. _____

2. _____

3. _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signed: _____ Vy Do _____ Date: 21/03/24
DD/MM/YY

Printed name: _____ Vy Do _____



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

E3

Nominee's Name:	Yosi Attias
Email Address:	
Cell Phone:	
Company Name:	
ISACA Member Number:	

Instructions:

You may nominate yourself or another qualified candidate. Please submit nomination forms to nominations@isacasfl.org **by 5 pm on March 22nd, 2024**. ISACA South Florida elections will be open from **April 1st, 2024, to April 12, 2024**. Please email the completed form to nominations@isacasfl.org

Preference of Position on the Board of Directors:

Please select **ONE** role that you are interested in running for from the list below. The roles and responsibilities are described in the [chapter bylaws](#).

Officers:

- President**
- Vice President**
- Secretary**
- Treasurer**

Directors:

- Director of Academic Relations**
- Director of Certification**
- Director of Communications**
- Director of Corporate Relations**
- Director of Membership**
- Director of Marketing**
- Director of Programming**
- Director of Volunteer Activities**
- Director at Large**



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Please Note:

- Officer positions are 2-year terms and Director positions are 1-year terms.
- There is a limit of 3 Director-at-large positions on the Board.

Eligibility:

Please check the boxes below, indicating the nominee's eligibility to serve.

- The nominee has signed the willingness to serve agreement (attached).
- The nominee has signed the conflict-of-interest disclosure form (attached).
- The nominee has read the [chapter bylaws](#), the [role/position descriptions](#) and agrees to abide by them.
- The nominee has read the [chapter privacy policy](#) and agrees to abide by it.

Question 1

Please describe the nominee's previous participation with or support for ISACA South Florida. Also provide examples of the nominee's leadership and experience that demonstrates acumen and ability to perform adequately as member of the Board of Directors for ISACA South Florida.

Yosi Attias became a part of ISASA South Florida in 2023, taking on the role of Director of Membership. He's been actively involved in connecting with members, both online and face-to-face, and has dedicated time to enhancing our programs whenever he can. Throughout his tenure in 2023, Yosi put in considerable effort to get to know the officers, board members, and the ins and outs of our organization—from its culture to its bylaws. He's looking forward to further developing these connections and contributing more in 2024 and beyond.

Question 2

Please explain the reason why the nominee is a good fit for the position nominated, and what the nominee intends to accomplish with regard to the position? (Please also see the Chapter's mission statement and values [here](#)).

Thanks to his active engagement and deep commitment to our community and technology's positive potential, Yosi Attias is an ideal match for the Director of Membership role at ISASA South Florida. Since 2023, he has been a valuable contributor to connecting members, enhancing programs, and deeply understanding our culture and goals. His efforts to embrace and leverage technology for our benefit mirror our mission directly.

Looking forward, Yosi aims to deepen these connections and drive our mission forward by innovating member engagement and leveraging technology in alignment with our values. His vision and actions not only align with our goals but also promise to amplify our impact in South Florida, making him a vital asset for our future growth and success.



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signed: yosi attias Date: 3/15/2024
DD/MM/YY

Printed name: Yosi Attias



South Florida Chapter
ELECTION NOMINATION FORM
2024 - 2025

Willingness to Serve Agreement

I _____ declare that I am a member in good standing
(print name)

of the ISACA South Florida Chapter, and I wish to be considered by the Nominating Committee as a candidate to run for election to the Board of Directors.

(Check one of the following, as appropriate)

- As an Officer, I understand that I am expected to serve a two-year term.
- As a Director, I understand that I am expected to serve a one-year term.

I also understand that I must familiarize myself with and abide by the chapter bylaws (including the minimum participation requirement of attending 50% of all chapter events) and privacy policy, as well as other policies and procedures established by the Board of Directors. I certify that all the information I have provided to ISACA South Florida is true and accurate, and I understand that in the event any of the information is not true and accurate, ISACA South Florida may remove me as a candidate for the election. I hereby grant ISACA South Florida permission to verify any information that I have provided.

I acknowledge that I have read and accept the duties detailed by the [chapter bylaws](#).

I further understand that I may need to obtain approval from my Organization/Employer to serve and that in my capacity as an Officer or Director, my actions have a direct reflection on the reputation and image of ISACA South Florida. Accordingly, it is necessary that I disclose any activities or circumstances in my professional or personal affairs that may constitute a conflict of interest to those of the chapter or bring harm to ISACA South Florida's reputation. I have attached any such necessary disclosure to this agreement.

Signed: _____ Date: _____
DD/MM/YY

Printed name: _____



South Florida Chapter
ELECTION NOMINATION FORM
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2. _____
3. _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signed: _____ Date: _____

DD/MM/YY

Printed name: _____