Contact Information

* Name
David Carter

* Home Address*
2520 S Sharlaine dr Staunton va 24401

*You must be registered to vote in the City of Staunton. You can determine this by checking your voter card or by calling the Voter Registration Office at 540.332.3840.

Phone
[redacted]

Mobile Phone
[redacted]

* **Email**
[redacted]

Qualifications

* **How long have you resided in the Commonwealth of Virginia?**
45years

* **How long have you resided in the City of Staunton?**
15 years

Have you ever been elected or appointed as an Officer or Commissioner for the City of Staunton?
No

* **Please indicate why you are interested in serving on City Council:**
I'm interested in serving on the city council because it has been a life long dream to serve on the city council and I feel that I can bring a lot to the city of Staunton and I feel that if we get the youth more involved the city of Staunton would be that much better

* **Please indicate areas of your experience and knowledge that you see as important for consideration of your application for appointment:**
I feel like I can get out in the community and relate with a lot of the city's people and see what direction they would like to see the city move in and I can be a voice for the people.

* **Please list any relevant leadership skills or educational training:**
I'm a self made business man started from scratch with nothing and i can be a roll model for a lot of the people and I feel that I'm a good listener.

Indicate if you are attaching additional information pertinent to this application.
No attachments were necessary

Attachment
SKIPPED

* **Digital Signature**
David L Carter

* **Date and Time**
01/26/2023 10:57 PM

Be advised that upon submission, this application and supporting documents become a public document and will be published by the City of Staunton.