



Mayor's Office

Keith A. James
Mayor

June 6, 2025

Mr. Jonathan "Jack" Frost

Dear Mr. ^{Jack}~~Frost~~:

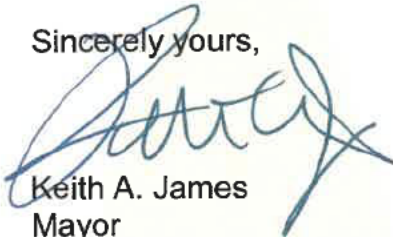
I am pleased to advise you that, subject to City Commission approval, you have been reappointed as a member of the Police Pension Board of Trustees for a term of four years that expires October 1, 2029. The City Commission will consider your reappointment on the consent agenda of the 5 PM meeting on July 7, 2025. To facilitate your approval, I suggest that you contact each City Commissioner by phone or email to answer any questions they may have. I have attached their contact information for your convenience.

Please be advised that this reappointment will not be effective until (i) you have completed the required Ethics training, and (ii) the training certification is provided to the Office of the City Attorney within 30 days of being reappointed.

It is required that you schedule your Ethics training with the City Attorney's Office. Please call 561-822-1350 and the staff in charge will assist you.

Thank you for your willingness to volunteer your time to make the City a better place to live.

Sincerely yours,



Keith A. James
Mayor

KAJ/bs

cc: City Commission
City Attorney's Department
City Clerk's Office
David M. Williams, Plan Administrator



WEST PALM BEACH

Business. Life. Balanced.

Commission Office

P.O. Box 3366

West Palm Beach, Florida 33402-3366

Telephone: (561) 822-1390

Fax: (561) 822-1399

District 1

(2022-Present)

Cathleen Ward

E-mail: cward@wpb.org

District 2

(2021-Present)

Shalonda Warren

E-mail: swarren@wpb.org

District 3

(2020-Present)

Christy Fox

E-mail: cfox@wpb.org

District 4

(2019-Present)

Joseph A. Peduzzi

E-mail: jp peduzzi@wpb.org

District 5

(2018-Present)

Christina Lambert

E-mail: clambert@wpb.org

CITY OF WEST PALM BEACH
MAYOR'S OFFICE
200 SECOND STREET
POST OFFICE BOX 3366
WEST PALM BEACH, FL 33401

Jack Frost
Pension Board of Trustees
Muskogon Way
West Palm Beach, FL 33411-5778

APPLICATION TO SERVE ON CITY BOARDS, COMMITTEES AND COMMISSIONS

This application form will be utilized in considering you for appointment to a City board, committee or commission: All information provided on or with this form becomes a public record and is subject to public disclosure. All BOARDS, COMMITTEES AND COMMISSIONS are herein referred to as COMMITTEES.

NAME: Jonathan "Jack" Frost EMAIL: jfrost1996@aol.com

MAILING OR DELIVERY ADDRESS: 2822 Muskogon Way WB ZIP 33411-5778

PREFERRED CONTACT TELEPHONE NOS.: 689-5225

OCCUPATION (current or most recent): General Contractor

DO YOU LIVE OR WORK IN THE CITY OF WEST PALM BEACH? ☒ LIVE ☒ WORK ☐ NEITHER

ARE YOU CURRENTLY ON A CITY BOARD OR COMMITTEE? ☒ YES ☐ NO
If so, which ones? Police Pension; Nominating Advisory; Diversity Advisor

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR PLEAD GUILTY OR
NOLO CONTENDERE TO A CRIME OTHER THAN MINOR TRAFFIC INFRACTION? ☐ YES ☒ NO

If so, explain _____

HAVE YOU EVER BEEN FOUND TO HAVE VIOLATED A CODE OF ETHICS
FOR PUBLIC OFFICERS AND EMPLOYEES? ☐ YES ☒ NO

If "Yes", please provide the following information: Date: _____ Nature of Violation: _____
Disposition: _____

ON WHICH COMMITTEE(S) WOULD YOU PREFER TO SERVE AND WHY? _____

WHAT SPECIAL TALENTS, EXPERIENCE AND SKILLS DO YOU HAVE, INCLUDING CERTIFICATIONS, THAT WOULD
CONTRIBUTE TO YOUR SERVICE ON THE COMMITTEE(S) THAT YOU HAVE SELECTED? _____

General contractor, Real Estate Broker

PLEASE LIST ANY OTHER PUBLIC OR PRIVATE BOARDS OR COMMITTEES ON WHICH YOU SERVE WHETHER OR
NOT CONNECTED TO THE CITY. South Florida Fair, Law Enforcement

Assistance Foundation, American Heart Ass'n Central P.B. County

PLEASE SUMMARIZE YOUR VOLUNTEER EXPERIENCE. Leadership West Palm Beach;

SunFest; Leadership Palm Beach County

IN ORDER TO ENCOURAGE DIVERSITY IN SELECTIONS OF MEMBERS OF GOVERNMENT COMMITTEES, THE
FOLLOWING INFORMATION IS REQUIRED BY FLORIDA STATUTE 760.80 FOR SOME COMMITTEES. IF YOU HAVE
ANY QUESTIONS, CALL THE CITY ATTORNEY AT 659-8017.

Please check one:

RACE:

- ☐ African-American
☐ Asian-American
☐ Hispanic-American
☐ Native American
☒ Caucasian
☐ Not Known

GENDER:

- ☒ Male
☐ Female

PHYSICALLY DISABLED:

- ☐ Yes
☒ No

IF YOU WISH, YOU MAY ATTACH A RESUME.

Fill in and return form to the OFFICE OF THE MAYOR.

I HEREBY CERTIFY THAT THE STATEMENTS AND ANSWERS PROVIDED ARE TRUE AND ACCURATE. I
UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE CAUSE FOR REMOVAL FROM A BOARD OR COMMITTEE IF
APPOINTED AND THAT CERTIFICATION AND TRAINING IS REQUIRED FOR SERVICE ON A CITY COMMITTEE

SIGNATURE JTC M. Ft DATE 2/9/04