

Name: Carey Antwi	ne	Votin	g Precinct:	202	
Home Address:					
	STREET	CITY	STATE	ZIP	
Phone number:	Co	ell Phone number:			
E-mail address:					
PURSUANT TO TEXAS G (CHECK ONE): II MAY I TEXAS OPEN RECORDS A PUBLIC ACCESS.	BE RELEASED / 🛭 SHAL	L NOT BE RELEASED TO	O THE PUBLIC	UPON REQUEST	UNDER THI
Place of Employment:	El Paso Children's	Hospital			
Business Address:	845 Alameda Ave., E	l Paso, Texas 79905			
	STREET	CITY	STATE	ZIP	
Telephone: ( ) (915	5) 298-5444	Fax Number: (	)		
Professional Background	d:				
	lospital, April, 2023 -	present			
		ber, 2021 - March 202	3;		
		nber 2016 - December,			
SISD, July, 2013 -	November, 2016				
Educational Background	d:				
Juris Doctorate, St.	. Mary's School of Lav	w, 2002			
-	San Diego State Unive				
	oma, Hanks High Sch				

Three (3) personal or professional references not related to you:

Ingrid Rojas Kinne		20	
NAME	PHONE#	YEARS KNOWN	
Erin Delaney Matney		20	
NAME	PHONE#	YEARS KNOWN	
Laurel Huston		6	
NAME	PHONE ♯	YEARS KNOWN	
Previous volunteer organization	s and/or community ser	vice:	
El Paso Bar Association, Boa	ard Member		
Inns of Court			
Mock Trial Coach			
El Paso Choral Society			
		(Years/	
		(No) If not, please give	
Are you an elected officer, count If so, please specify	, - , ,	liate, or employed as a lobbyist?	(Yes) (No)
Signature:		Date:	
Application should be submitted		Date.	

Application should be submitted to:

500 E. San Antonio, Suite 302A El Paso, TX 79901 Phone: (915) 546-2215 Fax: (915) 546-2217 or via email

Email: countychiefadmin@epcounty.com