



APPLICATION FOR
APPOINTMENT TO COUNTY OF LAKE
ADVISORY BOARD, COMMISSION OR COMMITTEE

Name of Applicant: CATHLEEN MCCARTHY

Home Address: [REDACTED]

City: COBB

ZIP: 95426

Mailing Address: [REDACTED]

City: COBB

ZIP: 95426

Occupation: EDUCATOR

Email: [REDACTED]

Home Phone: [REDACTED]

Supervisory District

5

Name of Board/Committee/Commission(s) you are interested in serving on:

COBB AREA COUNCIL

Board/Committee/Commission category under which you are applying, if applicable:

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served):

COBB AREA COUNCIL 2018(?) to PRESENT;
Kelseyville United Teachers Assos. Vice president 6/2022 - present

Please briefly explain why you would like to serve, what special qualifications or expertise you may have for the position and any other information you would like to include as part of your application:

I would like to continue to serve the people of COBB because I have
a great love and concern for my community. I want to
continue to improve our process of supporting small business through
our Economic Development Committee and our Blackberry Cobbler Festival.

List community organizations to which you belong:

Our Lady of the Lake (Catholic Church) Guild
Kelseyville United Teachers Assos
Lake County Dems

Convictions and Penalties – Have you ever been convicted of a felony? If yes, give date(s), location(s) and penalties. (Convictions are evaluated for each position and are not necessarily disqualifying.)

NO

List any affiliation you or your spouse has with public service agencies:

NONE

I certify that the above information is true and correct, and I have read the Lake County Advisory Board, Committee and Commission Conflict of Interest Policy. I agree to abide by that policy and to the best of my knowledge, I have no conflict of interest.

Cathleen McCarthy
(Signature)

1/5/2025
(Date)

PLEASE RETURN COMPLETED FORM TO:

Clerk of the Board of Supervisors
255 N. Forbes St.
Lakeport, CA 95453
FAX (707) 263-2207

For Board Use Only:

APPOINTED YES___ NO___

APPOINTED ON: _____

TERM EXPIRES: _____