JAN 20 2017

COUNTY OF LAKE BOARD OF SUPERVISORS



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

Name of Applicant: ROLANT	LEDOUX	
Home Address: 15759 JOSEF	PH TRAIL City: Low	ER LAKE ZIP: CA 95 457
Mailing Address: SAME AS	B ABOVE City:	ZIP:
Occupation: RETIRED	Email: R. L	FROUX @ MCHSi. COM
Hôme Phone: (76-7) 974-068-Work F	Phone: () Su	pervisorial District
Name of Board/Committee/Commission(s)	you are interested in serving on D ム 许	
Board/Committee/Gommission category ur	nder which you are applying, if ap	pplicable; ENT
List past or present County appointments, held (please list dates served): FISH & WILD LIFE-(PR	*	
Please briefly explain why you would like to position and any other information you wou		
List community organizations to which you	belong:	
Convictions and Penalties – Have you ever penalties. (Convictions are evaluated for each of the contract of th		
ist any affiliation you or your spouse has w	vith public service agencies:	
I certify that the above information is Committee and Commission Conflict my knowledge. I have no conflict of in (Signature)	of Interest Policy. I agree to abi	
LEASE 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:



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

RECEIVED

JA: 2 3 2017

COUNTY OF LAKE ROARD OF SUPERVISORS

Name of Applicant:	g Givshi	
Home Address: POB 1073	City: KV	ZIP: 95451
Mailing Address:	City:	ZIP:
Occupation: Advisor	Email: 92	Piusk @ ucanr. edu
Home Phone: 407)279-053 Wor	rk Phone: 104 1143-L838 Su	upervisorial District
Name of Board/Committee/Commission	(s) you are interested in serving on	sunte (UFWAC)
Board/Committee/Commission category	under which you are applying, if a	
List past or present County appointment held (please list dates served):	•	
Please briefly explain why you would like position and any other information you we want the proof essional Thin Natural Resources of	would like to include as part of your	application:
List community organizations to which you	ou belong:	
Clear Like Bass M	ASTERS	
Convictions and Penalties – Have you expenalties. (Convictions are evaluated for		
List any affiliation you or your spouse ha	s with public service agencies:	N/A
I certify that the above information Committee and Commission Confl my knowledge, I have no conflict o	lict of Interest Policy. I agree to abi	
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:



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COUNTY OF LAKE BOARD OF SUPERVISORS

Name of Applicant: Randall W	lilliams				
Home Address: 1820 Kelly Ros	e Court	City: Lakepe	ort	ZIP: 9	5453
Mailing Address: 1820 Kelly Ross	e Court	City: Lake	port	ZIP:	95453
Occupation: retired		Email: digge	180 sec	global ne	<i>t</i>
Home Phone: (>07) 263-82% Work	c Phone: () 4/4 Si	upervisorial D	istrict -	#
Name of Board/Committee/Commission(s) you are intere	ested in serving on	nmittee	-reapp	pointment_
Board/Committee/Commission category Convenities — Incomb					
List past or present County appointments held (please list dates served): Lakeport Fire Departments	s, as well as any	other public servi	Ke Cont	ents, or elect	ed positions JWildlife
Please briefly explain why you would like position and any other information you we have appointment to con-	to serve, what ould like to inclu- ting Tiss	special qualification under as part of your hand Wilelfith	ons or expertis application: c Conceva	se you may t	nave for the
List community organizations to which yo	ou belong:	/A			
Convictions and Penalties - Have you ev penalties. (Convictions are evaluated for	ver been convict each position a	ed of a felony? If and are not necess	yes, give date sarily disquali	e(s), location fying.)	(s) and
List any affiliation you or your spouse has	s with public ser	vice agencies:	VA	/	
I certify that the above information Committee and Commission Confli my knowledge. I have no conflict o	ict of Interest Po	ect, and I have rea blicy. I agree to ab	/ ad the Lake C olde by that po	ounty Adviso olicy and to t	ory Board, he best of
Kandall Mulli (Signature)	ans	_/-	20-297 (Date)		===
(Signature)			(Date)		
PLEASE RETURN COMPLETED FORM TO:	Clerk of the 1 255 N. Forbe Lakeport, CA FAX (707) 2	A 95453	For Board U APPOINT APPOINT TERM EX	ED Y ED ON:	ES NO

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JAN 2 3 2017



APPOINTMENT TO COUNTY OF LAKE BOARD OF SUPERVISORS ADVISORY BOARD, COMMISSION OR COMMITTEE

Name of Applicant:	
Home Address: 9275 Anther Hill Dr City: Kelse	yuille ZIP: 95451
Mailing Address: DO Box 1639 City: Lake	port ZIP: 95453
Occupation: Real Estate broker Email: Wobb	1. dutcher @ yahoo. com
Home Phone: (701) ユスタ シュスタ Work Phone: (707) 484-4414 Si	upervisorial District
Name of Board/Committee/Commission(s) you are interested in serving or	1;
Board/Committee/Commission category under which you are applying, if a	pplicable:
List past or present County appointments, as well as any other public service held (please list dates served): Fish 4 wild 1 fe Advisory Resource Advisory Committee and my Shalinghee Timber	e a
Please briefly explain why you would like to serve, what special qualification position and any other information you would like to include as part of your Have already served for a few years at the nagree and would like to rem	application:
List community organizations to which you belong:	tion of Realtors
Convictions and Penalties – Have you ever been convicted of a felony? If penalties. Convictions are evaluated for each position and are not necess	yes, give date(s), location(s) and sarily disqualifying.)
List any affiliation you or your spouse has with public service agencies:	
I certify that the above information is true and correct, and I have real Committee and Commission Conflict of Interest Policy. I agree to all my knowledge, I have no conflict of interest.	ad the Lake County Advisory Board, bide by that policy and to the best of (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:

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COUNTY OF LAKE
BOARD OF SUPERVISORS



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

Name of Applicant: Transce	1801115	
	,	egover ZIP: 95453
V-11 () 1411.	City:	V
Occupation: ReTIXed	Email:	
Hôme Phone: (767) 263-1699Wor	rk Phone: () S	Supervisorial District
Name of Board/Committee/Commission	(s) you are interested in serving or	of Advisory Conmittee
Board/Committee/Commission category	under which you are applying, if a	applicable:
List past or present County appointment held (please list dates served):	s, as well as any other public serv	441
int community experience to which w	vould like to include as part of your	application:
1.53 & m. rule, f	ADVISORY EST	7,00,001
Convictions and Penalties – Have you evenalties. (Convictions are evaluated for		
ist any affiliation you or your spouse ha	s with public service agencies:	, Ne
	is true and correct, and I have realict of Interest Policy. I agree to al	ad the Lake County Advisory Board, oide by that policy and to the best of
Lener Hou	15	/7-20/7 (Date)
(Signature)		(Date)
LEASE 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:

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

Name of Applicant: Patricia E	<i>lans</i>		
Home Address: 5612 Arafaho	Way City:	Kelsayville	ZIP: 95451
Mailing Address:	City:		ZIP:
Occupation: Barista	Emai	tricialout	vans@gneil.com
Hôme Phone: (678)908-316 Work P	hone: ()	Supervisorial Di	strict
Name of Board/Committee/Commission(s) FISH GIVE WILDLIFE HOV Board/Committee/Commission category und	Sory Commi	plying if applicable:	
List past or present County appointments, a held (please list dates served): Yacks and kec Hovison Sierra, Club Lake Goup E	committee	public service appointmen	nts, or elected positions
Please briefly explain why you would like to position and any other information you would like to position and any other information you would like to position and any other information you would like to position and any other information you would like to position and any other information you would like to position and any other information you would like to position and any other information you would like to position and any other information you would like to position and any other information you would like to position and any other information you would like to position and any other information you would like to position and any other information you would like to position and any other information you would like to position and any other information you would like to position and any other information you would like to position and any other information you would like to position and any other information you would like to position and any other information you would like to position you would like you would like to position you would like to position you would like you would li	d like to include as p	art of your application:	e you may have for the
List community organizations to which you be Volunteer with the	elong: Cleur Lake	Environmental	Research Center (Cltx
Convictions and Penalties – Have you ever leading the penalties. (Convictions are evaluated for each convictions)			
List any affiliation you or your spouse has wi	th public service age	encies: C Water Reso	ources Department
I certify that the above information is to Committee and Commission Conflict of my knowledge, I have no conflict of inf	of Interest Policy. I a	I have read the Lake Co gree to abide by that pol	unty Advisory Board, licy and to the best of
4. WW WO (Signature)		1 (Date)	
PLEASE RETURN COMPLETED FORM TO:	Clerk of the Board of S 255 N. Forbes St. Lakeport, CA 95453 FAX (707) 263-2207	APPOINTE APPOINTE	