LM 5/16



## APPLICATION FOR APPOINTMENT TO COUNTY OF LAKER ECEIVED ADVISORY BOARD, COMMISSION OR COMMITTEE

JUN 1 3 2023

<u> </u>			
Name of Applicant: Amy 1 (	combs.		COUNTY OF LAKE BOARD OF SUPERVISORS / ADMINISTRATIVE OFFICE
Home Address: 3749 Mul	len Acity: C	learlake.	ZIP: 95427.
Mailing Address: P.O. BOX (	341 City: <u>C</u>	leastable	ZIP: 95472
Occupation: Chil Provide	elec. Email: -		
Home Phone: 707375465 Work Ph	none: ( )	Supervisorial Dist	rict <u>2</u>
Name of Board/Committee/Commission(s) y	ou are interested in serv	ing on:	
Board/Committee/Commission category und		g, if applicable:	
List past or present County appointments, as held (please list dates served):	s well as any other public	service appointments	s, or elected positions
Please briefly explain why you would like to position and any other information you would	serve, what special quali I like to include as part o	fications or expertise y f your application:	you may have for the
List community organizations to which you b	elong:		
Convictions and Penalties – Have you ever lipenalties. (Convictions are evaluated for ea	peen convicted of a felon ch position and are not n	y? If yes, give date(s) ecessarily disqualifyin	), location(s) and lg.)
List any affiliation you or your spouse has wi	th public service agencie	98:	
I certify that the above information is to Committee and Commission Conflict of my knowledge, I have no conflict of information in (Signature)  PLEASE RETURN COMPLETED FORM TO:	of Interest Policy. I agree	pate)  For Board Use APPOINTED	y and to the best of 2023  Only:  YES NO ON: