



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

Name of Applicant: Ray Samra

Home Address: [REDACTED] City: Yuba City ZIP: 95993

Mailing Address: [REDACTED] City: Kelseyville ZIP: 95451

Occupation: Regional Manager Email: rsamra@ecenter.org

Home Phone: (530) 930-9545 Work Phone: () Supervisorial District 5

Name of Board/Committee/Commission(s) you are interested in serving on:
Local Child Care Planning Council

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

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

Current member Colusa County LPC

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:

25 plus years experience Early Childhood Development,
Administration and Collaboration, focused on Community
Engagement / Partnerships @ state, federal and local level

List community organizations to which you belong:

Yuba Sutter Food Bank (Past chair)
Kiwanis Club - Early Risers Sutter County
Soroptimist Sutter County

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.

Ray Samra
(Signature)

11/30/2023
(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: _____