



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

Name of Applicant: Randa L. Fish
Home Address: 21068 Powder Horn Rd City: Hidden Valley Lake ZIP: 95467
Mailing Address: SAME City: _____ ZIP: _____
Occupation: Retired Email: Fishpondwest@att.net
Home Phone: (707) 9870747 Work Phone: () Supervisorial District 1

Name of Board/Committee/Commission(s) you are interested in serving on: Lake County Library Advisory Board
Board/Committee/Commission category under which you are applying, if applicable: see ABOVE

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served):
Lake County Library Advisory Board, Middletown Library Friends
past: Habitat for Humanity Board, Fire Signs Board, Board

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 have been serving on the Library Advisory Board and would like to continue. I have worked (volunteered) in our County library and literacy system since I moved here over 15 years ago.

List community organizations to which you belong:
SAME AS ABOVE

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:
Husband is Coast Guard Auxillary Financial Officer.

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.

Randa L. Fish
(Signature)

2-1-2017
(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:	_____

Dist 1



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

RECEIVED JAN 30 2017 COUNTY OF LAKE BOARD OF SUPERVISORS

Name of Applicant: Trudy Nagy
Home Address: 6505 Hohape Ave City: Kelseyville ZIP: 95451
Mailing Address: as above City: ZIP:
Occupation: retired Email: tradynagy@yahoo.com
Home Phone: (707) 279-9483 Work Phone: (707) 328-5775 Supervisorial District: 4

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

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): Library Advisory Board

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 love libraries + books, and what they offer to our community. I have served on the Advisory Board previously + currently. I retired as Director of Outpatient Med, Kaiser and many of those skills are the skills I use in these organizations. List community organizations to which you belong: Friends of the Lake County Library, Konacti Liness

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.)

List any affiliation you or your spouse has with public service agencies: Lake County Vector Control Board; Lake County Financial Audit Committee

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.

Trudy Nagy (Signature)

1/25/17 (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:

Dist 4



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

RECEIVED
FEB 02 2017
COUNTY OF LAKE
BOARD OF SUPERVISORS

Name of Applicant: Robin C. Harris

Home Address: 4607 Sylar Lane City: Kelseyville, CA ZIP: 95451

Mailing Address: Same City: ZIP:

Occupation: Retired Teacher Email: harris.tke@att.net

Home Phone: (707) 279-8028 Work Phone: () Supervisorial District V

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

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):
I have been a member of this Board for one year

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 already serve on this Board. It is my way of giving back to the community. I am a published author, mentored the Library's Young Writers Workshop for two summers. I was also a school librarian.

List community organizations to which you belong:
No others at this time.

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:
N/A

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.

[Handwritten Signature]
(Signature)

Jan. 30, 2017
(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:

Dist 5