



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

Name of Applicant: Pat Scully

Home Address: 3400 E. Highland Springs Rd. Lakeport City: 95453 ZIP: 95453

Mailing Address: SAME City: _____ ZIP: _____

Occupation: FRUIT PACKER/Grower Email: Pat@Scullypacking.com

Home Phone: (707)349-2356 Work Phone: (707)263-7327 Supervisorial District 4

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

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):

Member California Pear advisory Board (1996-Present),
past chairman.

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:

Manager of Scully Packing Company - oversee 2 packinghouses and we farm
about 400 acres of pears in Lake County. Employee about 500 people
during our harvest & packing seasons.

List community organizations to which you belong:

Lake County Farm Bureau.

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.)

None

List any affiliation you or your spouse has with public service agencies: Michelle Scully, Spouse, does some
contract work for Lake County Admin. office.

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.

Pat Scully
(Signature)

1/15/21

(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: _____