



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

RECEIVED

DEC 07 2016

COUNTY OF LAKE  
BOARD OF SUPERVISORS

Name: Mark Currier Email: gnarlydude3@gmail.com  
Home Address: 3725 Spring Valley Rd. City: Clearlake Oaks Zip: 95423  
Mailing Address: P.O. Box 1036 City: Lower Lake Zip: 95457  
Occupation: Insurance-Risk Management  
Home Phone: (707) 998-024 Work Phone: (800) 293-3303 Supervisorial District 3

Name of Board/Committee/Commission(s) of which you are applying:

CSA-2 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):

Served Last 8 Years on this 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:

Our Advisory board and Community have  
benefited from all our projectsI want to continue my service.

List community organizations to which you belong:

P.O.A.

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:

wife - Teacher

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.

Mark Currier  
(Signature)12-6-16  
(Date)

PLEASE RETURN COMPLETED FORM TO:

Clerk of the Board of Supervisors  
256 N. Forbes St.  
Lakeport, CA 96453  
FAX (707) 283-2207

Appointed: \_\_\_\_\_ Not Appointed: \_\_\_\_\_

Date: \_\_\_\_\_

Term Expires: \_\_\_\_\_



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

Name of Applicant: Peggy O'Day  
Home Address: 2987 Quince Way City: Clear Lake Oaks ZIP: 95423  
Mailing Address: Same City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Occupation: Disaster Case Manager Email: Peggyoday@yahoo.com  
Home Phone: (707) 998-2987 Work Phone: (707) 994-2910 Supervisorial District 3

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

Board/Committee/Commission category under which you are applying, if applicable: Safety Chair

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served):  
2015 + 2016 CSAR Safety Chair

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've served on Spring Valley Board, have lived in S.V. + raised my kids here. I've been a member of CERT for 3 years + Safety of Infrastructure is top of mind

List community organizations to which you belong:  
CERT 3 years  
CSAR 2 years

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:

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.

Peggy O'Day  
(Signature)

12/19/2016  
(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:	_____



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

RECEIVED

DEC 28 2016

COUNTY OF LAKE  
BOARD OF SUPERVISORS

Name of Applicant: James D McDole  
Home Address: 2100 Spring Valley Rd City: Clearlake Oaks ZIP: 95423  
Mailing Address: AS ABOVE City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Occupation: Retired Email: Jasmcdole@att.net  
Home Phone: 707-998-9535 Work Phone: ( ) Supervisorial District 3

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

County Service Area #2 Advisory Board (CSA#2)

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):

County Service Area #2 Advisory Board 2010 Through 2016  
Chair of CSA#2 Advisory Board 2012 through 2016

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:

Retired Program and Project Engineer, Engineering and  
Manufacturing Manager and Developmental Engineer  
Member of Spring Valley Community and Lake County  
District 3. General interest in Community, County and individuals  
List community organizations to which you belong: well being.

- Spring Valley Property Owners Association  
- Chair of Spring Valley Architectural Review Committee

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:

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.

James D McDole  
(Signature)

12/16/16  
(Date)

PLEASE RETURN COMPLETED FORM TO:  
255 N. Forbes St.

Lakeport, CA 95453

Clerk of the Board of Supervisors

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**

Name of Applicant: SCOTT Prewett

Home Address: 2961 Peach Way City: Clearlake ZIP: 95423

Mailing Address: 2961 Peach Way City: Clearlake ZIP: 95423

Occupation: retired Email: goodntall@rocketmail.com

Home Phone: (707) 948-9322 Work Phone: ( ) Supervisorial District 3

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

CSA 2 Board

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

Board member

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

Board of Directors of Church Youth Camp 1995-2000  
Lake Recovery Committee (Spring Valley) 2014-2016

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:

Worked on road crews for Simpson Timber  
Mechanical engineering for Simpson and City Garbage of Eureka  
Enjoy serving in the community where I live

List community organizations to which you belong:

none

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.

(Signature)

12/26/2016  
(Date)

PLEASE RETURN COMPLETED FORM TO:

Clerk of the Board of Supervisors  
255 N. Forbes St.  
Lakeport, CA 95453  
FAX (707) 283-2207

For Board Use Only:

APPOINTED YES\_\_\_ NO\_\_\_

APPOINTED ON: \_\_\_\_\_

TERM EXPIRES: \_\_\_\_\_



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

RECEIVED

DEC 21 2016

COUNTY OF LAKE  
BOARD OF SUPERVISORS

Name of Applicant: Edward G. Smith

Home Address: 3006 KOPI TRAIL City: CLEARLAKE OAKS ZIP: 95423

Mailing Address: Same City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Occupation: Retired Email: ejsmith0518@hughes.net

Home Phone: (707) 998-1167 Work Phone: ( ) Supervisorial District Spring Valley 02

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

CSA #2 ADVISORY BOARD

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

ADVISORY BOARD

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

CSA #2 ADVISORY BOARD Finance + Planning Chair <sup>approx.</sup> 2012<sup>3</sup>-2016

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:

Earned BS in Business Administration / Started on MBA

I have worked on Budget Planning. I want to be part of solutions to infrastructure in Spring Valley.

List community organizations to which you belong:

CSA #2 ADVISORY BOARD / SPRING VALLEY Home Owners Association

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:

Wife worked (now retired) @ Hayward Area Rec + Park District No conflicts

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.

Edward G. Smith  
(Signature)

12/17/2016  
(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: \_\_\_\_\_