STATE OF CALIFORN

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

RECEIVED

NOV 28 2016

ADMINISTRATIVE OFFICE

Name of Applicant: Susan A. CANNON	
Home Address: 2805 SCOTTS CREEK RD. (A.	KEPORT ZIP: 95453
Mailing Address: 3083 Hwy 175 City: LAK	
Occupation: VETERINAMIAN Email: W	assonmemorial @mchs
Home Phone: 707) 263-67 Work Phone: (707) 263-53884	pervisorial District
Name of Board/Committee/Commission(s) you are interested in serving on:	:
Board/Committee/Commission category under which you are applying, if ap	oplicable:
List past or present County appointments, as well as any other public service held (please list dates served):	
Please briefly explain why you would like to serve, what special qualification position and any other information you would like to include as part of your special qualification and any other information you would like to include as part of your special qualification and any other information you would like to serve, what special qualification position and any other information you would like to serve, what special qualification position and any other information you would like to serve, what special qualification position and any other information you would like to serve, what special qualification position and any other information you would like to include as part of your special qualification position and any other information you would like to include as part of your special qualification position and any other information you would like to include as part of your special qualification and any other information you would like to include as part of your special qualification and any other information you would like to include as part of your special qualification and any other information you would like to include as part of your special qualification and any other information you would like to include as part of your special qualification and any other part of your special qualification and your special qualificati	application:
Convictions and Penalties – Have you ever been convicted of a felony? If yoenalties. (Convictions are evaluated for each position and are not necessary)	yes, give date(s), location(s) and arily disqualifying.)
List any affiliation you or your spouse has with public service agencies: Y Y VETERINARY OFFICE OCCASIONA I certify that the above information is true and correct, and I have reach Committee and Commission Conflict of Interest Policy. I agree to abin my knowledge, I have no conflict of interest.	ALLY DOES BUSINESS Of the Lake County Advisory Board, ide by that policy and to the best of
Susan A Cunnon, SVM	//- /9 - /6 (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 08 2016

COUNTY OF LAKE
BOARD OF SUPERVISORS

Name of Applicant: Paula Wes	nel					
Home Address: 13862 Highway	29	City:	lower lake	Z	IP: <i>9</i> 5	457
Mailing Address: 13962 Highway	129		Lower Lake	Z		5457
Occupation: Compliance Office		Email:	IPW1@live.	com		
Home Phone: (707) 349- asy Wor		1) 275-0				1
Name of Board/Committee/Commission	(s) you are inter	ested in se	rving on:			VIII CONTRACTOR OF THE PARTY OF
Board/Committee/Commission category	,		ing, if applicable	:		
List past or present County appointments neld (please list dates served):	s, as well as any	y other pub	lic service appoi	ntments, or	elected p	oositions
osition and any other mornalion von w	OHIO IIKA TO IDALI	ida se nart	of vour applicati	001		
I would like to save because I to save because I to save because I to save because I and numerous voluntary positions to which you	ould like to incit Care about : Scrice with thims the with	ide as part	of your applicati	on:	15, G with 3	
Please briefly explain why you would like position and any other information you we will be sure because I would like to sure because I would be years of and numerous voluntary positions to which you lake County Master Gardene	ould like to incit Care about : Scrice with thims the with	ide as part	of your applicati	on:	15, G with 3	ualification PLA print
I would like to save because I to save because I and numerous voluntary positions to which you	er been convicte each position a	He welfar Animal Animal ed of a felo and are not	of your application of the Control of Contro	on:	15, Quarte 2 and o lake	ualification PLA print Tut of Country
ist community organizations to which you even alternation you even alternation you or your spouse has any affiliation you or your spouse has Committee and Commission Conflict my knowledge, I have no conflict of	er been convicte each position a with public server of Interest Police of Interest Police in Interest I	ed of a felo	of your application of Lake Control Co	date(s), locaualifying.)	aith s and a Lake	ruli scati
ist community organizations to which you even and any other information you will be save because I separate in clade B years of and numerous voluntary positions ist community organizations to which you even alties. (Convictions are evaluated for less any affiliation you or your spouse has NIA I certify that the above information is Committee and Commission Conflict my knowledge, I have no conflict of Auria M. Wunn	er been convicte each position a with public server of Interest Police of Interest Police in Interest I	ed of a felo	ny? If yes, give necessarily disque es:	date(s), locaualifying.)	aith s and a Lake	rueli scati
ist community organizations to which you even all the same because I seemed to save because I seemed to save because I convictions and Penalties — Have you even enalties. (Convictions are evaluated for list any affiliation you or your spouse has what I certify that the above information is Committee and Commission Conflict my knowledge, I have no conflict of	er been convicte each position a with public server of Interest Police of Interest Police in Interest I	ed of a felo nd are not a vice agenciant	of your application of Lake Control Co	date(s), locaualifying.)	aith s and a Lake	rueli scati



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

RECEIVED

DEC 08 2016

Name of Applicant: NORA STAR		
Home Address: 9728 Tena	yallow city: Kels	eville ZIP: 95451
Mailing Address:Same /	City: Colf	binia zip:
Occupation: Vetived	Email: Stax	timm@pacific.ne
Home Phone: (101) 277-916 Work F	Phone: (NA sames	upervisorial District 5
Name of Board/Committee/Commission(s)	you are interested in serving or	Animal Control Advisory Board
Board/Committee/Commission category un	nder which you are applying, if a	pplicable:
List past or present County appointments, a held (please list dates served):	as well as any other public servi	
Please briefly explain why you would like to position and any other information you wou	serve, what special qualification ld like to include as part of your	ns or expertise you may have for the application:
List community organizations to which you I	belong: Nove pres	sently
Convictions and Penalties – Have you ever penalties. (Convictions are evaluated for ea	been convicted of a felony? If yach position and are not necess	yes, give date(s), location(s) and arily disqualifying.)
List any affiliation you or your spouse has w	ith public service agencies:	
I certify that the above information is to Committee and Commission Conflict of my knowledge, I have no conflict of in (Signature)	of Interest Policy. I agree to abi	d the Lake County Advisory Board, de by that policy and to the best of (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 YESNO APPOINTED ON: TERM EXPIRES:

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

Name of Applicant: Dictoria Chamberin	2
Home Address: 157 So Estep St City: (ak	eport ZIP: 95453
Mailing Address: Same City:	ZIP:
Occupation: Red Rep Email:	
Occupation: Red Reb Email: Home Phone: 707)263 3958 Phone: () S	upervisorial District
Name of Board/Committee/Commission(s) you are interested in serving of	
Board/Committee/Commission category under which you are applying, if a	pplicable:
List past or present County appointments, as well as any other public servi held (please list dates served):	
Please briefly explain why you would like to serve, what special qualificatio position and any other information you would like to include as part of your	application:
ist community organizations to which you belong:	
Convictions and Penalties – Have you ever been convicted of a felony? If you benalties. Convictions are evaluated for each position and are not necessary.	/es, give date(s), location(s) and arily disqualifying.)
ist 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 Committee and Commission Conflict of Interest Policy. I agree to abit my knowledge, I have no conflict of interest.	d the Lake County Advisory Board, de by that policy and to the best of
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