



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

Name of Applicant: Debra Baumann
Home Address: 9753 Saratoga Spgs Rd City: Upper Lake ZIP: 95485
Mailing Address: (same) City: _____ ZIP: _____
Occupation: Project Manager Email: db@baumann.vg
Home Phone: (707) 275 9234 Work Phone: () Supervisorial District 3

Name of Board/Committee/Commission(s) you are interested in serving on: W R T H
Jim Steele's Western Region Town Hall
Board/Committee/Commission category under which you are applying, if applicable: W R T H

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served):
2009 App't by Denise Rushing to GE Crop Comm Advisory Comm
currently a delegate to CA State Democratic Party - member Rural Caucus

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:
Information + Regulatory oversight professional, interested in BROADBAND access for rural areas, very interested in Emergency preparedness and response.

List community organizations to which you belong:
Lake County Democratic Central Committee, Progressive Democrats of America, Lake County Horse Council, Hooves + Wheels Driving Club

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]
(Signature)

1/21/2017
(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: _____