



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

Name of Applicant: **Luther "Monte" Winters**

Home Address: **3304 Spring Valley Road** City: **Clearlake Oaks** ZIP: **95423**

Mailing Address: **PO BOX 1787** City: **Clearlake Oaks** ZIP: **95423-1787**

Occupation: **Retired from international electronic industry** Email: **monte\_winters@yahoo.com**

Home Phone: **(707) 533 9264** Work Phone: **(707) 533 9264** Supervisorial District **District 3**

Name of Board/Committee/Commission(s) you are interested in serving on:  
**East Regional Town Hall (ERTH) 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 served as a member of the CSA#2 Advisory Board for most of the terms since its inception.**

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:

**My background includes business development including financial responsibility, procurement negotiation, factory design and resource implementation. An engineering background provides a creative and flexible insight to issue resolution alternatives.**

List community organizations to which you belong:

**I just completed CSA#2 term. I am a member of the Spring Valley CERT team.**

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.

(Signature)

**14 October 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: \_\_\_\_\_