



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

Name of Applicant: Jonathan Holt

Home Address: 2861 Nectarine way City: CLD ZIP: 95423

Mailing Address: Same City: _____ ZIP: _____

Occupation: Paralegal Email: twoholtse@sbcglobal.net

Home Phone: (707) 948-9497 ^{Cell} Work Phone: (707) 367-3569 Supervisorial District 3

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

East Region 3 Town Hall (ERTH)

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):

Democratic Central Committee Dist 3 Rep.

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 been asked by members of the Spring Valley community to serve on this committee, to replace a recently departed member from Spring Valley.

List community organizations to which you belong:

LCDC, SVLPA, Democrats 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.)

None

List any affiliation you or your spouse has with public service agencies:

Currently on disability leave from LCOE

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.

Jonathan Holt
(Signature)

10/5/2017
(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: _____