

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

RECEIVED

APR 2 6 2018

COUNTY OF LAKE BOARD OF SUPERVISORS

Name of Applicant: KATHLEEN	O'CONNOR			
Home Address: 360 13145-	City:	AKEDORT	ZIP:	95453
Mailing Address: 495 N MAI	N #133 City:	AKE PORT		
Occupation: Refired - volunt	eer; Survence mail:	707kath@	9mail.	Com
Home Phone: (707) 263 0347 Work P	hone: (79, 280, 85	⅔ Supervisorial D	istrict	4
Name of Board/Committee/Commission(s)	you are interested in serv	ing on: UALITY (OMANIS	SION
Board/Committee/Commission category un	der which you are applyir	g, if applicable:		
List past or present County appointments, a held (please list dates served):				
Please briefly explain why you would like to position and any other information you would like to position and any other information you would like to position and any other information you would like to position and any other information which you like to position and any other information which you like to position and any other information which you like to position and any other information which you like to position and any other information which you like to position and any other information you would like to position you	Id like to include as part of L MONTHS DE ARY TDML, 3 QUALIFIED.	f your application:		HISTORY
Convictions and Penalties – Have you ever penalties. (Convictions are evaluated for ea			dina \	n(s) and $\mathcal{N}\mathcal{V}$
List any affiliation you or your spouse has w	rith public service agencie	es: NA		
I certify that the above information is Committee and Commission Conflict my knowledge, have no conflict of in (Signature)	of Interest Policy. I agree			
PLEASE RETURN COMPLETED FORM TO:	Clerk of the Board of Super 255 N. Forbes St. Lakeport, CA 95453 FAX (707) 263-2207	risors For Board U APPOINTE APPOINTE TERM EXI	ED Y ED ON:	'ES NO