



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

Name of Applicant: Kelly F. Cox
Home Address: 2925 Buckingham Dr City: Kelseyville ZIP: 95451
Mailing Address: Same - City: _____ ZIP: _____
Occupation: Retired Email: Kellyfcx@gmail.com
Home Phone: 707 224474 Work Phone: () _____ Supervisorial District 5

Name of Board/Committee/Commission(s) you are interested in serving on: RSA Successor Agency Oversight Board
Board/Committee/Commission category under which you are applying, if applicable: Public Member

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served):

Retired Lake County Administrative Officer. Current Workforce Alliance of the North Bay Lake County Adv. Comte member

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 previously served as Exec Dir. of the Lake County Redevel. Agency and am familiar with laws & regulations governing dissolution of the Redevelopment Agencies. I am happy to help the County with Successor Agency Oversight responsibilities in order to ensure compliance with STATE law.

List community organizations to which you belong:

Lake County Land Trust, L.C. Historical Society, Friends of the L.C. Museum, Lower Lake Historical Schoolhouse Preservation Comte., Lake County Marsh Interpretive Assn., Clear Lake State Park Interpretive Assn., Tuleyome, Sutter Lakeside Recreation & Retiree Committee, Lake County Symphony, and other ad hoc committees and volunteer services for misc. local organizations.

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:

County of Lake Retiree; Workforce Alliance of the North Bay (volunteer)

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.

Kelly F. Cox
(Signature)

6/15/18
(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: _____