

Name of Applicants LYNETTE 5	HIMEK	
Home Address: 870 040 Lucer	City: UPPER	LAKE 719: 95485
Mailing Address Po Box 844	OBJ UPPER	LAKE # 95485
Occupation: RETIRED WILDLIFE LAW ENFORCEMENT X. CONSERVATION K. 9 Home Phone: (707)972-575 Work Phone	TRAINCR	ervisorial District 3
		_
Name of Board/Committee/Commission(s) yo	ou are interested in serving on:	WILDLIFE ADVISORY BOARD
Board/Committee/Commission category under WILDLIFE CONSERV	er which you are applying, if app	licable:
FISH AND WILDLIFE ADV		appointments, or elected positions Con 88 RNA Trov
* - 140 · · · ·		or expertise you may have for the
Please briefly explain why you would like to sposition and any other information you would	serve, what special qualifications I like to include as part of your ap	oplication:
27 YEARS EXPERIENCE		
at Jennes Crises		,
List community organizations to which you b	elong:	
Company of the Compan		
penalties. (Convictions are evaluated for ea	ch position and are not necessa	
List any affiliation you or your spouse has wi	th public service agencies:	
GTILL TRAIN ENFORCEME.	NT K-9 TEAMS FOR	R CA DEPT. FISH + WILDLIA
I certify that the above information is t	rue and correct, and I have read	the Lake County Advisory board,
my knowledge, I have no conflict of in	terest.	
Synetti She (Signature)	mek	(Date) 1/7/19
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:



APPLICATION FOR APPLICATION FOR APPOINTMENT TO COUNTY OF LAKE ADVISORY BOARD, COMMISSION OR COMMITTEE JAN 1 6 2018

RECEIVED

COUNTY OF LAKE

Name of Applicant: Alix Tyler	<u>25.</u>		SOARD OF SUPERVISION OF
Home Address: 5020 Lakeshore	Blvd. Soc. 10 Lake	Loort :	ZIP: 95453
Malling Address: (same as abov			ZIP:
Occupation: Environmental Progr	am Coordinator	atyler elen	n @ gmail.com
Home Phone: (707) 262. 2857 Work P			J
Name of Board/Committee/Commission(s)	•	in the second se	
Board/Committee/Commission category und Fish & Wildlife Conservation			
List past or present County appointments, a held (please list dates served):	s well as any other public servic	e appointments, o	r elected positions
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 be various ecosystems that understanding a knowledge to be understanding a knowledge to be community organizations to which you be community organizations to which you be adaptive management plan county departments USGS, also an alternate for Karola Keronictions and Penalties – Have you every benalties. (Convictions are evaluated for earnament.)	d like to include as part of your and Colony in Lower ledge of the wild have the table. The table. Delong: W. USFWS on a continue by CADEW as nell as nell as needy on the Blue Ribbs been convicted of a felony? If y	mmittee to committee es, give date(s), lo	ning in the EPA a, plant communities a bring tribal write a Hitch ther tribes, agencies I am
List any affiliation you or your spouse has wi	ith public service agencies:		
I certify that the above information is to Committee and Commission Conflict of my knowledge, I have no conflict of in	of Interest Policy. I agree to abid	I the Lake County and the by that policy ar	Advisory Board, nd to the best of
(Signature)		1/14/2019 (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 APPOINTED ON TERM EXPIRES:	YES NO



RECEIVED

JAN 1 5 2018

COUNTY OF LAKE BOARD OF SUPERVISORS

Name of Applicant: 6RE6	Giusti			
Home Address: 4544 Sylar	Ln City:	Kels	eyville ZIP:	95451
Mailing Address: POB /073	City:	LA	ZIP:	
Occupation: Retired	Email	gaç	jiusti e u cai	nr, edu
Home Phone: 407) 0531 Work Pr	24 none: <u>7</u> 07) 76		ervisorial District	5
Name of Board/Committee/Commission(s) y Fi 5H & Wildli Fe	ou are interested in Advisory	serving on:	ter (FWAC	
Board/Committee/Commission category und	ler which you are ap	plying, if app	olicable: Duc	MOTERA
List past or present County appointments, as 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.	d like to include as p	art of your a	pplication:	
List community organizations to which you be	elong:			
Convictions and Penalties – Have you ever penalties. (Convictions are evaluated for ea	been convicted of a chiposition and are i	felony? If ye not necessal	es, give date(s), locatio rily disqualifying.)	n(s) and
List any affiliation you or your spouse has w NORTH GOAST Regional Wat	ith public service age	encies:	L BOARD (M	<u>e)</u>
I certify that the above information is t Committee and Commission Conflict of my knowledge, I have no conflict of in (Signature)	of Interest Policy. I a	I have read agree to abid	the Lake County Advis le by that policy and to //5 / 20/9 (Date)	ory Board, the best of
PLEASE RETURN COMPLETED FORM TO:	Clerk of the Board of S 255 N. Forbes St. Lakeport, CA 95453 FAX (707) 263-2207	Supervisors	For Board Use Only: APPOINTED APPOINTED ON: TERM EXPIRES:	



Name of Applicant: Bobby Dutcher	
Home Address: 9275 Anther Hill Dr. City: Kelse	eyville ZIP: 95451
Mailing Address: PO Box 1639 City: Lake	port ZIP: 95453
Occupation: RE Broker Email: 6066	y. dutcher @ yahoo. com
Home Phone: (707) 479-44/4 Work Phone: (87) 479-444 Si	upervisorial District 5
Name of Board/Committee/Commission(s) you are interested in serving on	
Board/Committee/Commission category under which you are applying, if a	
List past or present County appointments, as well as any other public serving held (please list dates served): Fish and wildlife Advisory for 10 + year.	.,
Please briefly explain why you would like to serve, what special qualificatio position and any other information you would like to include as part of your would like to serve, what special qualification positions and any other information you would like to serve, what special qualification position and any other information you would like to serve, what special qualification position and any other information you would like to include as part of your would like to include a part of your would like to include a part of your would like to include a part of you	application:
List community organizations to which you belong: Lake County Association of Realter, F	arm bureau
Convictions and Penalties – Have you ever been convicted of a felony? If penalties. (Convictions are evaluated for each position and are not necess	
List any affiliation you or your spouse has with public service agencies:	
I certify that the above information is true and correct, and I have rea Committee and Commission Conflict of Interest Policy. I agree to at my knowledge, I have no conflict of interest.	
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:



Name of Applicant: TERLINGS	(TERRY) KA	11937
Home Address: 66 UPAW F-URD	CT. City: LA	ZIP:
Mailing Address: 5AMC AS 19	gove City:	ZIP:
Occupation: No Trank	Email:	ng 45 70216 586 620304. ne
Home Phone: (767 262-464 Work Pl	none: (5.4) 484-129	5Supervisorial District
Name of Board/Committee/Commission(s) y ドパトタルの いん	you are interested in serving	on: ony commissive
Board/Committee/Commission category und		
List past or present County appointments, a held (please list dates served):		ervice appointments, or elected positions
Please briefly explain why you would like to position and any other information you would	serve, what special qualific d like to include as part of y	ations or expertise you may have for the our application:
List community organizations to which you b	oelong:	
Convictions and Penalties – Have you ever penalties. (Convictions are evaluated for each		
List any affiliation you or your spouse has w	vith public service agencies:	·
I certify that the above information is Committee and Commission Conflict my knowledge, I have no conflict of in	of Interest Policy. I agree to	read the Lake County Advisory Board, abide by that policy and to the best of
(Signature)	<u></u>	<u>/〜 'タ・フ・「*</u> (Date)
PLEASE RETURN COMPLETED FORM TO:	Clerk of the Board of Superviso 255 N. Forbes St. Lakeport, CA 95453 FAX (707) 263-2207	For Board Use Only: APPOINTED YES NO APPOINTED ON: TERM EXPIRES:



Name of Applicant: ROLAND E. LEDOC	/ \
Home Address: 15759 JOSEPH TRAIL City: Low 15	ER LAKE ZIP: 95457
	ZIP:
Occupation: RETIRED Email: Rol	EDOUX @ MCHSi. COM
	upervisorial District
Name of Board/Committee/Commission(s) you are Interested in serving on	
Board/Committee/Commission category under which you are applying, if a	pplicable:
List past or present County appointments, as well as any other public servi held (please list dates served):	ice appointments, or elected positions
Please briefly explain why you would like to serve, what special qualification position and any other information you would like to include as part of your serve. List community organizations to which you belong:	
NONE	
Convictions and Penalties – Have you ever been convicted of a felony? If penalties. (Convictions are evaluated for each position and are not necess // 0 // E.	
List any affiliation you or your spouse has with public service agencies:	
I certify that the above information is true and correct, and I have rea Committee and Commission Conflict of Interest Policy. I agree to ab my knowledge, I have no conflict of interest.	
Rel E. (Signature)	11-19 (Data)
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:

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JAN 08 2018



Name of Applicant: Mark	Niller	
Home Address: 3403 Lakeview	City: Kice	ZIP: 95464
Mailing Address: P.O. Box 12	92 City: <u>///</u>	
Occupation: Water Resources	Tech. Email: mark.	Miller e lakecousty ca, gov
Home Phone: (707)263-2344 Work F	Phone: (101)349-603-8 Su	pervisorial District
Name of Board/Committee/Commission(s)	you are interested in serving on:	DISTRICT 3)
Board/Committee/Commission category ur	nder which you are applying, if ap	pplicable:
List past or present County appointments, held (please list dates served): Fight Wilklife Advisor		ce appointments, or elected positions
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 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 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 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 you would like to position and any other information you would like to position and any other information you would like to position you would like to position you would like the position you would like you would like the position you would like you would like you would like	ald like to include as part of your	
List community organizations to which you	belong:	
Convictions and Penalties – Have you eve penalties. (Convictions are evaluated for e		
List any affiliation you or your spouse has mark Milla lake Count! Wafe	with public service agencies:	P.IIPT H.R. COUNTY of Lake
I certify that the above information is Committee and Commission Conflic my knowledge, I have no conflict of i	t of Interest Policy. I agree to ab	
(Signature)		(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 YESNO APPOINTED ON:
a		TERM EXPIRES:



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JAN 0 7 2018

COUNTY OF LAKE
BOARD OF SUPERVISORS

	/	
Name of Applicant: 572VE Tol	hu Krivanek	WEST)
Home Address: 9925 E, Hwy	20 #5 City: Chenry	LAKE ONKS ZIP: 95923
Mailing Address: AME	Citv:	ZIP:
Occupation: For NOW IT CO.U.	CONSTRUCTION Email: CAG	LEhouse (2) HOTMAIL COM
Home Phone: (75) 0600 Work F	Phone: () Su	LEhouse (a) HOTMAIL. Com
Name of Board/Committee/Commission(s) Fish & Wildlife Add	VISTOY	
Board/Committee/Commission category ur	nder which you are applying, if ap	oplicable: 3 G.M. ON ANY OTHER IF NAP T
List past or present County appointments, held (please list dates served): NONE THE LOCKING	as well as any other public service	ce appointments, or elected positions
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 land of the position of the	uld like to include as part of your	application:
List community organizations to which you NONE YET - HOPING	belong: I STANT Here	
Convictions and Penalties – Have you ever penalties. (Convictions are evaluated for ending the second secon	each position and are not necess	arily disqualifying.)
List any affiliation you or your spouse has well and work work in vorte	with public service agencies: WE	NET PARTIES
Committee and Commission Conflict my knowledge, I have no conflict of i	t of Interest Policy. I agree to ab	d the Lake County Advisory Board,
(Signature) PLEASE RETURN COMPLETED FORM TO:	Clerk of the Board of Supervisors 255 N. Forbes St. Lakeport, CA 95453 FAX (707) 263-2207	(Date) For Board Use Only: APPOINTED YESNO APPOINTED ON: TERM EXPIRES:



Name of Applicant: Kirk Andrus
Home Address: 4570 CIARK City: Kelseyville ZIP: 95451
Mailing Address: POB 1672 City: City: ZIP: 95451
Occupation: MD Email: Kitk.g. ANDrus egmail (ON
Home Phone: 707) 245 7 Work Phone: () Supervisorial District
Name of Board/Committee/Commission(s) you are interested in serving on: Fi Sh + Wildle Fe
Board/Committee/Commission category under which you are applying, if applicable: DISTRICT 5
List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served): Fish + Wildlife Advisory Cohhi Hac
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:
List community organizations to which you belong:
Convictions and Penalties – Have you ever been convicted of a telony? If yes, give date(s), location(s) and penalties. (Convictions are evaluated for each position and are not necessarily disqualifying.)
List any affiliation you or your spouse has with public service agencies:
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)
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: