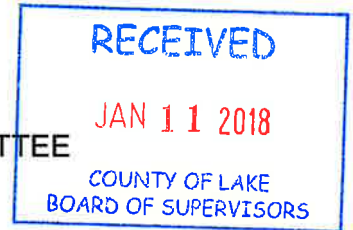




APPLICATION FOR
APPOINTMENT TO COUNTY OF LAKE
ADVISORY BOARD, COMMISSION OR COMMITTEE



Name of Applicant: John Jensen

Home Address: 3952 Foothill Drive City: Lucerne ZIP: 95458

Mailing Address: P.O. Box 17 City: John Jensen ZIP: 95458

Occupation: Publisher Email: jjensen@lakeconews.com

Home Phone: (707) 200-4709 Work Phone: (707) 274-9904 Supervisorial District District 3

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

Board/Committee/Commission category under which you are applying, if applicable:
Municipal Advisory Council

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served):
Shoreline Area Planning Committee, earlier this century.

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 enjoy serving my community. I reside in Lucerne, own a Lucerne home and businesses in addition to a Lucerne based non-profit. Expertise includes entrepreneurship, management, research, longstanding familiarity with the community and it's needs as well as healthy working relationships with other community leaders.

List community organizations to which you belong:

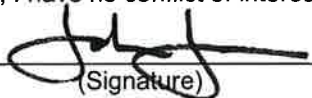
Lucerne Area Revitalization Association, First Lutheran Church Lucerne

Clear Lake Chamber of Commerce, Lake County PEG TV8

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.)
No

List any affiliation you or your spouse has with public service agencies:
Kelseyville Presbyterian Church, First Lutheran Church, TV8

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)

January 9, 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:

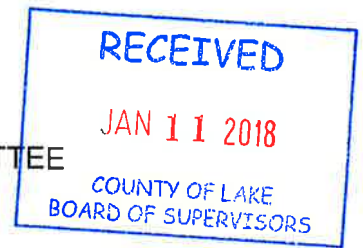
APPOINTED YES ☐ NO ☐

APPOINTED ON: _____

TERM EXPIRES: _____



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



Name of Applicant: Danielle Primas

Home Address: 4124 Foothill Drive City: Lucerne ZIP: 95458

Mailing Address: PO Box 1541 City: Lucerne ZIP: 95458

Occupation: Small business owner Email: Dani@wonderlandsweetshop.com

Home Phone: (707) 308-5970 Work Phone: (707) 308-5970 Supervisorial District 3

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

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):

Treasurer and Auction Coordinator - REALM Parent Alliance (2014-2017)

Second degree black belt and instructor - Alameda Judo Jujitsu Club (nonprofit) (1989-present)

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 have seen a lot of potential in Lucerne in the short time that I have been here. With both a business and a home here, I am completely committed to making this community safer for the kids who live here. It is my goal to do everything I can to give them better lives and brighter futures.

List community organizations to which you belong:

Alameda Judo Jujitsu 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:

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)

12/13/2018

(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: _____



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

Name of Applicant: DARNELL "SKIP" M. WALTON
Home Address: 6088 1ST AVE City: LUCERNE ZIP: 95458
Mailing Address: P.O. BOX 52 City: LUCERNE ZIP: 95458
Occupation: RETIRED Email: SKIPDMW@EARTHLINK.NET
Home Phone: 831,247,1248 Work Phone: () Supervisorial District 3RD

Name of Board/Committee/Commission(s) you are interested in serving on:
LUCERNE TOWN HALL ADVISORY COUNCIL

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):

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:

HAD A PRESENCE HERE SINCE 1950
HOME OWNER
FAMILY BURIED HERE

List community organizations to which you belong:

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.)

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.

Darnell M. Walton
(Signature)

1/11/2019
(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 YES ☐ NO ☐
APPOINTED ON: _____
TERM EXPIRES: _____



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

RECEIVED

JAN 11 2018

COUNTY OF LAKE
BOARD OF SUPERVISORS

Name of Applicant: JOSEPH JONES

Home Address: 6319 10TH AVE City: LUCERNE ZIP: 95458

Mailing Address: PO BOX 97 City: LUCERNE ZIP: 95458

Occupation: GRAPHIC DESIGNER Email: iamjmjones@yahoo.com
BRANDING CONSULTANT

Home Phone: () Work Phone: 707 530 1869 Supervisorial District 3

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

LUCERNE AREA TOWN HALL COUNCIL

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):

N/A

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:

BRING MY PROFESSIONAL & BUSINESS EXPERIENCE AS BOTH A RESIDENT
& BUSINESS PARTNER IN LUCERNE TO HELP DIVERSIFY & FORTIFY THE
ONGOING EFFORTS OF THE LUCERNE AREA TOWN HALL COUNCIL

List community organizations to which you belong:

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.)

NO

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

N/A

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)

1/10/19
(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: _____



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

RECEIVED

JAN 11 2018

COUNTY OF LAKE
BOARD OF SUPERVISORS

Name of Applicant: DANIELLE SANTOPIETRO

Home Address: 6319 10TH AVE. City: LUCERNE ZIP: 95458

Mailing Address: PO BOX 97 City: LUCERNE ZIP: 95458

Occupation: MULTIPLE BUSINESS OWNER Email: queeniepanini@aol.com

Home Phone: () — Work Phone: (707) 530-1869 Supervisorial District 3

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

LUCERNE AREA TOWN HALL COUNCIL

Board/Committee/Commission category under which you are applying, if applicable:

N/A

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

N/A

Please briefly explain why you would like to serve, what special qualifications or experience you may have for the position and any other information you would like to include as part of your application:

UTILIZE MY DYNAMIC & DIVERSE BACKGROUND IN BUSINESS & WORLDLY TRAVELS TO HELP LUCERNE ACHIEVE ITS MAXIMUM POTENTIAL & BENEFIT RESIDENTS AND BUSINESS OWNERS

List community organizations to which you belong:

N/A

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.)

NO

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

NO

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]
(Signature)

1/10/19
(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: _____