



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

RECEIVED

FEB 25 2019

COUNTY OF LAKE
BOARD OF SUPERVISORS

Name of Applicant: Donna Taylor
Home Address: 11110 Hot Springs Rd City: Middletown ZIP: 95461
Mailing Address: Same City: _____ ZIP: _____
Occupation: Self employed Email: 11080 hsr@gmail.com
Home Phone: 707 481-9136 Work Phone: () Same Supervisorial District District 1

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

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):

I am currently on the Anderson Springs Community Service District Board

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 been an Anderson Springs property owner since 1979 and would like to help keep our community great.

List community organizations to which you belong:

Anderson Springs Alliance & Anderson Springs CSD.
Board Member

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, have no conflict of interest.

Donna Taylor
(Signature)

2/20/2019
(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: Meriel L. Medrano

Home Address: 15463 A Lake Ave City: MiddleTown ZIP: 95461

Mailing Address: P.O. Box 676 City: MiddleTown ZIP: 95461

Occupation: Manager Email: MerielMedrano@gmail.com
987-0277

Home Phone: (707) 987-3581 Work Phone: (707) 987-0511 Supervisorial District: 1

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

New Anderson Springs Seismic Impact Mitigation + Anderson Springs
Community Investment Funds

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

Anderson Springs

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

Midt. Cemetery District since 1984 Board member, now
manager since 2000. ARTHAW 1980. Anderson Springs CSD. mgr. 1982 Board
now manager. AS Seismic Impact Mitigation since beginning to now. Sewer
on Middletown East Area Plan member. GAMP for 12 years. Seismic

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:

sincere Board
Anderson Springs Community was my home for 45 years before fire. I
was an original Board member when it was formed and I want to
insure that they are protected + proper claims are paid to
those that are due compensation and improve the community
List community organizations to which you belong: with moneys from 1905
ASC Alliance - AS Homeowner Public Cemetery Alliance
California Assoc. of Public Cemeteries

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:

Middletown Cemetery District

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.

Meriel L. Medrano
(Signature)

3-5-2019
(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
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RECEIVED

MAR 03 2019

COUNTY OF LAKE
BOARD OF SUPERVISORS

Name of Applicant: REBECCA DAVIS

Home Address: 11211 ANDERSON SPRINGS Rd. City: MIDDLETOWN ZIP: 95461

Mailing Address: Same as above City: MIDDLETOWN ZIP: 95461

Occupation: Part. Time CONSULTANT Email: rebecca.davis260@gmail.com

Home Phone: (415) 860-4795 Work Phone: () same Supervisorial District 1

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

GEOHERMAL ADVISORY COMMITTEE

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):

ANDERSON SPRINGS Geothermal Impact Mitigation + Investment Committee 2014 - 2019
ANDERSON SPRINGS CSD - BOARD Director 2016 - 2019; current Board Chair

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 was a member of the AS Geothermal Impact Mitigation Committee for several years - until 2019 - would like to continue to be a member. We rebuilt our home after the Valley Fire + I want to continue to help ANDERSON SPRINGS + LAKE COUNTY thrive. I have been a part-time / Full time resident of ANDERSON SPRINGS for 34 years.

List community organizations to which you belong:

See above

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:

ANDERSON SPRINGS CSD

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)

2/20/2019
(Date)

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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
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RECEIVED

MAR 04 2019

COUNTY OF LAKE
BOARD OF SUPERVISORS

Name of Applicant: Casol "Arpita" Ohsiek
Home Address: 12110 Mead Rd. City: Middletown ZIP: 95461
Mailing Address: same as above City: _____ ZIP: _____
Occupation: Minister / Acupuncturist Email: RAITHARPITA@yahoo.com
Home Phone: () _____ Work Phone: (707) 295-6096 Supervisorial District 1

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

Board/Committee/Commission category under which you are applying, if applicable:
Anderson Springs resident position

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served):
none

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 a strong love of community in our neighborhood, I enjoy keeping in touch with the people of Anderson Springs, I'm good at group decision making, I communicate well, I research issues, I'm dedicated to preserving quality of life locally.

List community organizations to which you belong:
Anderson Springs HOA

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:
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.

Casol Ohsiek
(Signature)

2/27/19
(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



(applying for one of the
Anderson Springs positions)

x Name of Applicant: MARGIT PATAKI

x Home Address: 11522 Rose Anderson Rd City: Middletown ZIP: 95461

Mailing Address: P.O. Box 396 City: Middletown ZIP: 95461

Occupation: Property owner x Email: _____

x Home Phone: (707) 245-0981 Work Phone: (N/A) Supervisorial District ?

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

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):
none

x 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:
20 year full-time resident of Anderson Springs
MASTERS degree in Education facilitating groups & meetings

x List community organizations to which you belong:
Hospice Volunteer @ groups & camps

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.

x Margit Pataki
(Signature)

x 2-13-19
(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:	_____



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RECEIVED

FEB 25 2019

COUNTY OF LAKE
BOARD OF SUPERVISORS

Name of Applicant: JACQUELYN S. BARTLETT
(STILL REBUILDING!)
Home Address: 11111 HOT SPRINGS RD. City: MIDDLETOWN ZIP: 95461
Mailing Address: 807 WISCONSIN ST. City: SAN FRANCISCO ZIP: 94107
Occupation: RETIRED Email: jusan bartlett@gmail.com
Home Phone: (415) 515-1789 Phone: () Supervisorial District 1

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

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):
SEISMIC MONITORING ADVISORY COMMITTEE (SMAC) 2016 - 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:
COMMUNICATION BETWEEN COUNTY GOVERNMENT ORGANIZATIONS, & THE PEOPLE OF THE COMMUNITY IS KEY, NOT ONLY TO THE PHYSICAL REBUILDING, BUT ALSO TO THE RESTORATION OF A SENSE OF BELONGING. NOW IS THE TIME IT IS SO IMPORTANT TO WORK TOGETHER.

List community organizations to which you belong:
ANDERSON SPRINGS COMMUNITY ALLIANCE - PRESIDENT (ASCA)
ANDERSON SPRINGS FIREWISE COMMITTEE - MEMBER
ANDERSON SPRINGS HOMEOWNERS ASSOC - SOCIAL DIRECTOR (ASHOA)

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.)
0

List any affiliation you or your spouse has with public service agencies:
0

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)

2/20/19
(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

Name of Applicant: MICHAEL DAVIES

Home Address: 16690 COBB BLVD City: COBB ZIP: 95426

Mailing Address: P.O. Box 1106 City: COBB ZIP: 95426

Occupation: CARPENTER Email: GODOGGGO59 AT YAHOO.COM.

Home Phone: (707) 8813027 Work Phone: (707) 367 6895 Supervisorial District _____

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

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:

Id LIKE TO SERVE ON THE COMMITTEE SO I CAN GIVE BACK TO THE COMMUNITY, AND HELP PEOPLE WITH THE CHALLENGES OF THE AREA.

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.)
N/A

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.

Michael Davies
(Signature)

1/14/2018
(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: Benjamin Murphy
Home Address: 8447 Saddle Rd City: Kelseyville ZIP: 95451
Mailing Address: PO Box 284 City: Cobb ZIP: 95426
Occupation: General Manager Email: ben@cobbareawater.com
Cobb Area Water District
Home Phone: (707) 439-5290 Work Phone: (707) 928-5260 Supervisorial District 5

Name of Board/Committee/Commission(s) you are interested in serving on:
Geothermal Mitigation Cobb/Anderson Springs

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:

General Manager of Cobb Area Water District, I
am the current representative for the district

List community organizations to which you belong:

Clearlake/Calyoni Free & Accepted Masons
United States Sea Cadets

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]
(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 YES___ NO___

APPOINTED ON: _____

TERM EXPIRES: _____



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

Name of Applicant: Joan K Clay
Home Address: 19013 Coyle Springs Rd City: Hill Valley Lake ZIP: 95467
Mailing Address: PO Box 126 City: MiddleTown ZIP: 95461
Occupation: Retired Communication Manager Email: onlyaudie@yahoo.com
Home Phone: (767) 987 0243 Work Phone: () Supervisorial District: 1 (Simon)

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

Geothermal Mitigation Committee

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

MiddleTown Community

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

year? appointed
MiddleTown Area Plan - Geothermal segment, Anderson Springs (elected
C.S.D. 2003-2019 Chair person & Director, Part Chair & present
member of Geo. Mtg. Cmte 2008 to present. Chair for 5 yrs, Director
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: Caprine
Part experience in And Spgs. - Home Owners, Alliance, Geo Mtg
Committee. My "MiddleTown Community" information would
be valuable to the committee. Close tie to NCPA & Caprine

List community organizations to which you belong:

MATH, HVL Home Owners

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.

Joan K Clay
(Signature)

3-5-19
(Date)

PLEASE RETURN COMPLETED FORM TO:

Clerk of the Board of Supervisors
255 N. Forbes St.
Lakeport, CA 95458
FAX (707) 263-2207

For Board Use Only:

APPOINTED YES ☐ NO ☐

APPOINTED ON: _____

TERM EXPIRES: _____



APPLICATION FOR
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ADVISORY BOARD, COMMISSION OR COMMITTEE

RECEIVED

FEB 19 2019

COUNTY OF LAKE
BOARD OF SUPERVISORS

Name of Applicant: Linda Garnhart

Home Address: 21292 Jackson City: Middletown, CA ZIP: 95461

Mailing Address: PO Box 596 City: Middletown, CA ZIP: 95461

Occupation: property owner Email: linda@att.net

Home Phone: (707) 295-6288 Work Phone: () Supervisorial District

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

Geothermal Advisory Committee

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):

NONE

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 properties affected by CalPine in Cobb Anderson Springs, and Middletown. As a multiple properties owner in this county with a grounded knowledge of construction I feel I could be a positive influence.

List community organizations to which you belong:

Since I have numerous properties, I want to be clear that I currently live in Middletown as I have since 1996.

Thus I am applying for the Middletown position.

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)

(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: