



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

Name of Applicant: Gary Deas

Home Address: 1506 martin St. City: Lakeport CA ZIP: 95453

Mailing Address: Po Box 1283 City: Lakeport CA ZIP: 95453

Occupation: Retired Email: garydeas@att.net

Home Phone: ( ) n/a <sup>Cell</sup> Work Phone: (707) 498-3968 Supervisorial District 4th

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

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

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:

I would like to give back to my community. Serving on this board is a way that I can. I am familiar with emergency services

List community organizations to which you belong:

Lake Co Theater Company  
Hope Harbor Warming Center

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.)

Yes, 2005, Accessory

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.

Gary Deas  
(Signature)

12.28.19

(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: \_\_\_\_\_