

APPLICATION FOR APPOINTMENT
TO A CITY ADVISORY BODY/COMMITTEE/ COMMISSION

APR 22 2004

Name of Advisory Body: Housing Authority Board of Commissioners
CITY OF PASO ROBLES

Name of Applicant: William J Beasley
First Name Middle Initial Last Name

Street Address: [REDACTED] City, Zip: Paso Robles, CA 93446

Mailing Address: (if different from home) P.O. Number City State Zip

Home Phone: [REDACTED] Home Fax: () E-mail: _____

Retired? Occupation (if applicable) Independent Business Owner - Purchasing/Contract Mgr.

Employer (if applicable) _____
Work Phone: () Work Fax: () E-mail: _____

EDUCATION & TRAINING

GRADE ENTERING INTO _____

High School LIVE OAK High School Morgan Hill CA
Name City State

College San Jose state San Jose CA
Name City State

Degrees/Majors UNIVERSITY of PHOENIX Northridge CA
BS Business, BA Sociology, Purchasing Manager certification Name City State

Other Schools/Training Solonarian Award for Outstanding Community Service

MEMBERSHIP IN ORGANIZATIONS

National Association Purchasing Managers - NAPM, National Contract Managers Association - NCMA, Civil Air Patrol - Auxillary Air Force - USAF Rank 1st Lt.

ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS

TERM

Current	From _____	To _____
Current	From _____	To _____
Previous	From _____	To _____
Previous	From _____	To _____
Previous	From _____	To _____

ADDITIONAL INFORMATION

Please provide any supplemental information to this application, including the specific reason you believe you should be appointed to this advisory body.

I am very interested in issues related to affordable housing including additional HUD UNITS, Developer set aside 'Affordable Housing UNITS' and COUNTY Available UNITS for working poor, Mentally Challenged Citizens and Citizen who require short-term Housing Assistance (1-2 years). I am interested in the exchange of ideas to bring housing either purchase or rental for the Citizen who need assistance. The goal is to insure all who need will get their needs met.

Thank you for considering me for this valuable Committee

[Signature]

APPLICATION FOR APPOINTMENT
TO A CITY ADVISORY BODY/COMMITTEE/ COMMISSION MAR 30 2004

Name of Advisory Body: HOUSING AUTHORITY CITY OF PASO ROBLES

Name of Applicant: EDWARD J TASCONA
First Name Middle Initial Last Name

Street Address: [REDACTED] City, Zip: PASO ROBLES 93446

Mailing Address: [REDACTED]
(if different from home) P.O. Number City State Zip

Home Phone: [REDACTED] Home Fax: () E-mail: _____

Retired? Occupation (if applicable) _____

Employer (if applicable) _____

Work Phone: () Work Fax: () E-mail: _____

EDUCATION & TRAINING GRADE ENTERING INTO
High School DANIEL MCINTYRE WINNIPEG MANITOBA
Name City State
College CUESTA COLLEGE SAN FERNANDO VALLEY CA
Name City State

Degrees/Majors _____

Other Schools/Training _____

MEMBERSHIP IN ORGANIZATIONS
P.R. OPTIMIST CLUB

ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS		TERM	
Current	_____	From	To
Current	_____	From	To
Previous	<u>PLANNING COMMISSION 1999-2002</u>	From	<u>1999</u> To <u>2002</u>
Previous	_____	From	To
Previous	_____	From	To

ADDITIONAL INFORMATION
Please provide any supplemental information to this application, including the specific reason you believe you should be appointed to this advisory body.
MULTIPLE COMPLETED COURSES AT SEVERAL JUNIOR COLLEGES IN THE L.A. AREA, AT UNIVERSITY (LOS ANGELES) AT NORTHRIDGE, AND AT UNIVERSITY (LOS ANGELES) AT LOS ANGELES. (UCLA)
VOLUNTEER WITH COURT APPOINTED SPECIAL ADVOCATE (CASA) 3 YEARS
VOLUNTEER AS RSVP FOR APPROX 7 YEARS

City of Paso Robles

RECEIVED
CITY CLERK'S OFFICE

APPLICATION FOR APPOINTMENT
TO A CITY ADVISORY BODY/COMMITTEE/COMMISSION APR 18 2004

Name of Advisory Body: Housing Authority CITY OF PASO ROBLES

Name of Applicant: Barbara L. Dabul
First Name Middle Initial Last Name

Street Address: [REDACTED] City, Zip: Paso Robles 93446

Mailing Address: [REDACTED] P.O. Number 11 City 11 State 11 Zip 11
(if different from home)

Home Phone: [REDACTED] Home Fax: [REDACTED] E-mail: [REDACTED]

Retired? Occupation (if applicable) Speech-Language Pathologist

Employer (if applicable) _____

Work Phone: () _____ Work Fax: () _____ E-mail: _____

EDUCATION & TRAINING

High School Narbonne H.S. Harbor City CA
Name City State

College USC (University of So. Calif) Los Angeles CA
Name City State

Degrees/Majors B.A., M.A., Ph.D. in Communicative Disorders

Other Schools/Training: Occidental College 1960-61

MEMBERSHIP IN ORGANIZATIONS

MENSA; sole proctor for San Luis Obispo County

ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS

Current	TERM
<u>Paso Robles Library Board of Trustees</u>	From _____ To <u>6/04</u>
Current _____	From _____ To _____
Previous _____	From _____ To _____
Previous _____	From _____ To _____
Previous _____	From _____ To _____

ADDITIONAL INFORMATION

Please provide any supplemental information to this application, including the specific reason you believe you should be appointed to this advisory body.

I can no longer serve on the Library Board, as new job hours will prevent me from attending Thursday meetings.

I can attend the Tuesday evening meetings of the Housing Authority Board.

I am concerned about affordability & quality of housing in Paso Robles, and interested to do what ever I can to improve affordability.

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APPLICATION FOR APPOINTMENT
TO A CITY ADVISORY BODY/COMMITTEE/ COMMISSION APR 23 2004

Name of Advisory Body: Housing Authority CITY OF PASO ROBLES

Name of Applicant: Michael R TALAN
First Name Middle Initial Last Name

Street Address: [REDACTED] City, Zip: PASO Robles 93446

Mailing Address: P.O. 1647 PASO Robles CA 93447
(if different from home) P.O. Number City State Zip

Home Phone: [REDACTED] Home Fax: () E-mail: [REDACTED]

Retired? Occupation (if applicable) _____

Employer (if applicable) Coldstone Creamery

Work Phone: [REDACTED] Work Fax: [REDACTED] E-mail: [REDACTED]

EDUCATION & TRAINING

High School Ontario Christian High school Ontario CA
Name City State

College CAL Poly Pomona Pomona CA
Name City State

Degrees/Majors BUSINESS

Other Schools/Training Insurance Institute - Assoc. in Risk mgmt

MEMBERSHIP IN ORGANIZATIONS

PASO Robles Kiwanis Club

ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS

Current _____
Current _____
Previous _____
Previous _____
Previous _____

TERM

From _____ To _____
From _____ To _____
From _____ To _____
From _____ To _____
From _____ To _____

ADDITIONAL INFORMATION

Please provide any supplemental information to this application, including the specific reason you believe you should be appointed to this advisory body.

I AM looking for a place to give back to the community. I have served on Boards of directors for a drug rehabilitation organization and a home for handicapped adults. Past President of CHINO Kiwanis Club.

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UPON RECEIPT OF A TIMELY FILED APPLICATION, THE CITY CLERK'S OFFICE WILL SEND NOTIFICATION TO EACH APPLICANT AND A CITY COUNCIL INTERVIEW SCHEDULE WILL BE ARRANGED.