RECEIVED CITY CLERK'S OFFICE

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

AUG 9 0 2004

Name of Advisory Body: AIRPORT ADVISOR	24 COMMITTE	TY OF PASO ROBL
Name of Applicant:	Last Name	<u> </u>
Street Address:	City, Zip:	
Mailing Address: P.O. BOX 3830 Pass (if different from home) Ceel P.O. Number City	ROBLES, CA.	93447 Zip
Home Phone: (64) 459-8876 Home Fax: ()		
Retired? □ Occupation (if applicable) FCIGHT 1N	STRUCTOR	
Employer (if applicable) Cook, = CRock MARK	ETS	
Work Phone: (805) 927-1352 Work Fax: (805) 927-1629	E-mail: 50100000000000000000000000000000000000	pakke crock can
EDUCATION & TRAINING	GRADE ENTERIN	NG INTO
High School ATASCADERO HICH	ATASCABERS	CACIF.
Name	City	State
CollegeName	City	State
Degrees/Majors		
Other Schools/Training		
MEMBERSHIP IN ORGANIZATIONS ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS	TERM	
Current	From	To
Current	From	
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ADDITIONAL INFORMATION Please provide any supplemental information to this application, including the this advisory body. I HAVE BEEN A PICOT SIME IS SEVENAL AIRCRAPT BASEN AT THE	specific reason you believe you s 988. I HAVE PASO 12031ES 12	should be appointed to OUNED 1/RPORT
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SHARE THE HORES AMO DREAMS OF	OPHER PLOTS,	IN THAT
THERE IS A LOT OF POTENTIAL MY	- THE AIRPORT	AMO I
would like to Hap BE A PART of	OF THE AIRPS	nt 1840
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GENERAL SUT ALLO A PILOT FO		Dr. Day Duck
1000 DECUMENTATION TO ADDITION THE	UNITY TO HELP	Maso Resid Ampora

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

RECEIVED

AUG 2 0 2004

Name of Advisory Body:	HIRPORT	ATUISORY (Committee	ADLINISTIN THE SERVICES
Name of Applicant:	nichael	<u>D</u>	Dough	ERTY
	rst Name 1 DOO DUO	Middle Initial	Last Na	Pahips azilla
Street Address:	,		_	Robies 93446
Mailing Address:(if different from home)	1234 P.O. Number	TEMPLET City	ON CIA State	<u>93465</u> Zip
Home Phone: <u>805,238</u>	3-6841 Home Fax:	805,038-6841	E-mail: Juughe	RTY 49 @ hOTMAK. COV
Retired? Occupation				/
Employer (if applicable)				
Work Phone: (865 46	3-7426 Work Fax:	805,238-684	/F-mail: doucher	TY 49@ hormak .Com
		7500	r	/
EDUCATION & TRAINI		, .	,	TERING INTO
High School LAKOW	ad H.S.	<u>LAKE</u>		<u>CA</u>
College LOUG Name Name	L CITY COLICE	e OH STA	re LONG BOAC City	State
Degrees/Majors 4550	CUATE SCICICO	business		State
Other Schools/Training				
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AN ASSET T	The AIP		RY COMMITTE	
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RECEIVED CITY CLERK'S OFFICE

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

AUG 2 0 2004

Name of Advisory Body: ANPOH ANY	isory	CITY OF PASO ROBLE
Name of Applicant: Lauren	•	STROM
First Name Mic		
Street Address: 7465 Shale Roc	<u>lC Rd</u> City, Zip: f	Last Name Robles, 93446
Mailing Address:	City	State Zip
Home Phone: <u>605</u> 238- 1696 Home Fax: ()	•	<u> </u>
Retired? Occupation (if applicable) MATNT I		
<i>A</i> //	obles	
Work Phone: (805) 237-3877 Work Fax: 805) 23		ostrone PR Uty. Con
EDUCATION & TRAINING		E ENTERING INTO
High School VASO Rebles to ch	VIR	Ca
Name O College	City	State
Name	City	State
Degrees/Majors		
Other Schools/Training		
ADVISORY BODY/COMMITTEE/COMMISSION APPOI	NTMENTS TERM	
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ADDITIONAL INFORMATION Please provide any supplemental information to this application, i this advisory body. I WOUL AT THE QUIPORT ON VOLUME A		•
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RECEIVED CITY CLERK'S OFFICE

AUG 20 2004

APPLICATION FOR APPOINTMENT TO A CITY ADVISORY BODY/COMMITTEE/ COMMISSIONTY OF PASO ROBLES

ame of Applicant: Rechard E. First Name Middle Initial	y Committee Mortor	_
	Last Name	
et Address: 2195 Mtn. Springs	Rd. City, Zip: 934/4	16
iling Address: Same ifferent from home) P.O. Number City	State	
,		Zip
ome Phone: (805 237-27/4) Home Fax: ()	A .	02 - 1701 Ma
tired? Occupation (if applicable) Main Tenant		
nployer (if applicable) Sinton Helicopte		
ork Phone: (806) 441-8930 Work Fax: (805) 441 63	02 E-mail:	
DUCATION & TRAINING	GRADE ENTER	ING INTO
gh School Shandon (CB	
ollege Cali Poly	ライ ^{City} ノノ	State
Name	City	State
grees/Majors Ra- Bus Mannt		
her Schools/Training Red Auration G	ward School	1
OVISORY BODY/COMMITTEE/COMMISSION APPOINTMENT	TS TERM	
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RECEIVED CITY CLERK'S OFFICE

City of Paso Robles

AUG 2 0 2004

APPLICATION FOR APPOINTMENT TO A CITY ADVISORY BODY/COMMITTEE/ COMOTISSOPPASO BOB! FS

	, 	
Name of Advisory Body: 6/T/ZEN'S HIRPORT A	DVISORY	COMMITTEE
Name of Applicant: RONALD A. 8	205E	
First Name Middle Initial	Last Nam	_
Street Address: 1004 BOSIE LN Ci	ity, Zip: PAS o	ROBLES (A 9349)
Mailing Address:		
City	State	Zip
Home Phone: \$05 238-2480 Home Fax: (805) 231-3849 E-ma		
Retired? Occupation (if applicable) OCCUPATION OF OCCUPATION OCCUPATION OF OCCUPATION OC		
Employer (if applicable) CULTURAL KESDURCE MANA		
Work Phone: (805) 231-38 38 Work Fax: (805) 237-3849 E-ma	il: <u>ronros</u> e	@ erms, com
EDUCATION & TRAINING	GRADE ENTE	RING INTO
High School HANFORD HIGH SCLHOOL HANK	CORD, CF	7
College UC BERKELEY, CUESTA COLLESE CHY	21 Para	SAUDLEBAGE COLLE
Name City	7	State
Degrees/Majors		
Other Schools/Training TWENTY YEAR CARETER,	IN ASBIC	ULTURAL
BANKING. BUSINESS = FINANCE FOR AN	, .	
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MEMBERSHIP IN ORGANIZATIONS		
CHAMBER & COMMERCE, MAIN S	IREE!	
ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS	TERM	
Current CITIZENS AIRPORT ADVISORY COMMITTEE	From	To 10/2004
Current	From	To 70 7 7 7 7
Previous CHAIRMAN ECONOMIC STRATESY COMMITTEE	From /993	To 1998
Previous	From	То
Previous	From	To
ADDITIONAL INFORMATION		
Please provide any supplemental information to this application, including the specific	reason you believe <u>j</u>	you should be appointed to
this advisory body.		
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IN AVIATION, BECAUSE) A FINANCE PERSON, 1 CAN B	RINS A	BUSINES
PILOT BUSINESS PERSPECTIVE	70 7	7 NO NO "
ACTIVITIES INVOLVING TITE	PASO	ROBLES
MUNICIPAL AIRPORT!		
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APPLICATION FOR APPOINTMENT TO A CITY ADVISORY BODY/COMMITTEE/ COMMISSION

RECEIVED AUG 2 0 2004

Name of Advisory Body: air for T		ADMINISTRATIVE SERV
Name of Applicant: Michael E.	Weber	
Street Address: 899 Cand Lewood CT.	City, Zip: Paso R	bles 93446
Mailing Address: Same (if different from home) P.O. Number City	State	Zip
Home Phone: (\$05) 238-4603 Home Fax: () \$\alpha A	E-mail: Lapt mu	reberahotman
Retired? X Occupation (if applicable)		. Com
Employer (if applicable)		
Work Phone: (805) 610-8899 Work Fax: ()	E-mail:	
EDUCATION & TRAINING	GRADE ENTERIN	NG INTO
High School Norwa LK	ruc/K	C A
High School Name College Orange Coast Hunt Name	City T R	State
Name Name	City City	State
Degrees/Majors 2 Year - ELectronics	•	
	- Tuoloway	
Other Schools/Training NotThrop University aircraft aeronauties + mas	Tenana =	Catilia
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MEMBERSHIP IN ORGANIZATIONS AOPA - aircraft owners of Lot	c 0.550	
ABYC - Amer. Boating & Yach T	- Commissi	o _y
ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS	TERM	
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ADDITIONAL INFORMATION Please provide any supplemental information to this application, including the:	specific reason you believe you	should be appointed to
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Thave worked on or aroun The past 27 years. Thave the air parts best in	·	
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