City of Paso Robles

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

Name of Advisory Body: Kecres	How Adv.	Committee	
Name of Applicant: Christopher	Middle Initial	Tara	wto
Street Address:	which having	_ City, Zip:	93446
Mailing Address:	City	-	1111
	e Fax: ()	State E-mail:	Zip
	Maketing Dire		
Employer (if applicable) Paso Roble	When Cont	All	
Work Phone: (805) 239-8463 Work		E-mail: Same as	above
EDUCATION & TRAINING		GRADE ENTER	ING INTO
High School Captedrano Valle	Missio		CA
College Sacramento State		acramento	State
Name	- gare.	City	State
Degrees/Majors 5. 5.	ecleation Ac	Invistration	/
Other Schools/Training			
MEMBERSHIP IN ORGANIZATIONS			
ADVISORY BODY/COMMITTEE/COMMI	ISSION APPOINTMENTS	TERM	
Current PRAC		From 2010	To 20/2
Current		From	То
Previous		From	_ То
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Previous	Page 1	From	То
ADDITIONAL INFORMATION Please provide any supplemental information to this advisory body. There served on	this application, including the s		should be appointed to
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to my service	and betieve	-	- PRAC
Car help make a	SIHerence	for the be	Herment
of Paso Robles	ceceation.		
	Thank you	ie,	
UPON RECEIPT OF A TIMELY INOTIFICATION TO EACH APPLICANT A	FILED APPLICATION, THE C AND A CITY COUNCIL INTE	ITY CLERK'S OFFICE WILL RVIEW SCHEDULE WILL	SEND BE ARRANGED.
LAST NAME Talanto	COMMITTEE	NAME PRAC	
This is a public document. I understand that al	READ CAREFULLY I information contained within it will	be provided to the public upon rec	uest.
If appointed to a City committee, commission understand that other Web sites not controlled it. I also authorize the City to update my perso	n or other advisory body. I authorize by the City may provide links to a C	e the City to post the following of ity Web page that has my persona	n its Web site. I Information on
→ Flome address	☐ Business address	Cell Phone N	lumber
☐ Home phone number ☐ Home Fax number	☐ Business phone number☐ Business fax number☐	☐ Personal E-e	nail address
Further, if my home address and telephone nu Government Code §6250 et seq.), I understar provided by the City in response to a request m	nd that by agreeing to the release of		
Date 7/36/12		5/6	>

If appointed to a City committee, commission or other advisory body, I <u>DO NOT</u> authorize the City to post my contact information on its Web site or to release such information to a third party who may post the information on their Web site. The City may, however,

PAGE 01/01 RCVd 5/9/19

City of Paso Robles

805. 237. 6424

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Name of Applicant: Justini Rest Name	J Middle Initial	120	Name
Street Address:	8500000000	City, Zip: Faso	Robles, CAm
Mailing Address:			
Of different from homes) P.O. h	Number City	State	2ip
Home Phone: (Home Fax: ()	E-mail:	-
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Employer (if applicable)scheld V	Fineyardo Tra		School of the second
Work Phone: (1831) 306-5036	Work Fax: ((831) 385-3106	K-mail: justines	rin.com
EDUCATION & TRAINING	o Provi		CA
High School Dellarmine College Name		Obs	State
College The University of Ari	iona Tucsos	1	AS .
Natio		City	State
Degrees/Majors_Physiological	Sciences / Chemistry		
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City of Paso Robles

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

PARKS & RECREATION ADVISORY COMMITTEE Name of Applicant: Martin First Name Last Name City, Zip: PasoRobles93446 Street Address Mailing Address: Home Phone: _ Home Fax: (_ Retired? Occupation (if applicable) N/A Employer (if applicable) N/A Work Phone: () Work Fax: (**EDUCATION & TRAINING** High School Senn High School College University of Illinois Chicago Circle 11 City English Literature Other Schools/Training Graduate Library School - 1 year Univ. of Chicago MEMBERSHIP IN ORGANIZATIONS Current volunteer at the Paso Library - Sponsor for the Correctional Training Facility _ ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS Current Mone To Fram Curreni Previous None To_ Previous Previous 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 worked for the Chicago Public Library from 1970 until 1978 in various capacities. LAST NAME Arfa COMMITTEENAME PEREC ADVISORY COMMITTEE READ CAREFULLY This is a public document. I understand that all information contained within it will be provided to the public upon request. If appointed to a City committee, commission or other advisory body, I authorize the City to past the following on its Web site, I understand that other Web sites not controlled by the City may provide links to a City Web page that has my personal information on it. I also authorize the City to update my personal contact information on its Web site if my contact information changes. ☐ Home address ☐ Home phone number ☐ Home Fax number ☑ Cell Phone Number ☑ Personal E-mail address D Bosiness phone number D Business fax number D Business e-mail address Further, if my home address and telephone number are otherwise non-disclusable under the California Public Records Act (Cabifornia Government Code \$6250 et seq.). I understand that by agreeing to the release of the information above, this information may be provided by the City in respense to a request made under the Public Records Act. 3/3 Signature If appointed to a City committee, commission or other advisory body, i DO NOT authorize the City to post my confact information on its Web site or to release such information to a hird party who may post the information on their Web site. The City may, however, disclose on the internet and in all other appropriate places that I serve on a City committee, commission or other advisory body.

Signature