

City of Paso Robles

RECEIVED
CITY CLERK'S OFFICE

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

DEC 08 2012

CITY OF PASO ROBLES

Name of Advisory Body: Pa Street tax committee

Name of Applicant: Mary L. Wootten
First Name Middle Initial Last Name

Street Address: [Redacted] City, Zip: P.R. 93446

Mailing Address: [Redacted] City State Zip

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

Retired? Occupation (if applicable) _____

Employer (if applicable) _____

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

EDUCATION & TRAINING

High School Berkeley High Berkeley CA
Name City State

College U.C. Berkeley Berkeley CA
Name City State

Degrees/Majors Psychology & teaching credential

Other Schools/Training _____

MEMBERSHIP IN ORGANIZATIONS

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 have lived and taught in Paso for many years. I now want to give back to the community. I feel all streets should be considered not just ones with road residents.

LAST NAME Wootten COMMITTEE NAME _____

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 post 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.

- | | | |
|--|--|---|
| <input type="checkbox"/> Home address | <input type="checkbox"/> Business address | <input type="checkbox"/> Cell Phone Number |
| <input type="checkbox"/> Home phone number | <input type="checkbox"/> Business phone number | <input checked="" type="checkbox"/> Personal E-mail address |
| <input type="checkbox"/> Home Fax number | <input type="checkbox"/> Business fax number | <input type="checkbox"/> Business e-mail address |

Further, if my home address and telephone number are otherwise non-disclosable under the California Public Records Act (California 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 response to a request made under the Public Records Act.

Date 12-6-2012 [Redacted Signature]

If appointed to a City committee, commission or other advisory body, I **DO NOT** 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, disclose on the Internet and in all other appropriate places that I serve on a City committee, commission or other advisory body.

Date _____ Signature _____

City of Paso Robles

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

DEC 19 2012
CITY OF PASO ROBLES

Name of Advisory Body: Streets & Utilities Committee
Name of Applicant: Alexandra L Irving
Street Address: [Redacted] City, Zip: Paso Robles, 93446
Mailing Address: [Redacted] Paso Robles CA 93447
Home Phone: [Redacted] Home Fax: [Redacted] E-mail: [Redacted]
Retired? [] Occupation (if applicable) Programs Director
Employer (if applicable) Studios on the Park
Work Phone: (805) 238-9800 Work Fax: [Redacted] E-mail: [Redacted]

EDUCATION & TRAINING

High School Santa Catalina School Monterey CA
College Georgetown University, Walsh School of Foreign Service Washington, DC
Degrees/Majors Bachelor of Science with Environment Concentration, magna cum laude
Other Schools/Training Leadership SLO, Class XXI (2012)

MEMBERSHIP IN ORGANIZATIONS

Ballet Folklorico Cachanilla, Mission San Miguel, Paso Robles Art Association

ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS

Table with 2 columns: APPOINTMENTS and TERM. Rows for Current and Previous appointments with From/To dates.

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 a 28-year-old Paso Robles native who regards enthusiastic engagement and participation in community affairs as my civic duty. As Programs Director of Studios on the Park and Coordinator of the Paso Robles Festival of the Arts, I have experience working with City officials as well as private interests. I believe collaboration is essential to successful and sustainable outcomes.

If appointed to the Streets & Utilities Committee, I would offer a fresh perspective and would work to represent the interest of all Paso Roblans. I am acutely aware of the appearance of our town and the importance of making a good impression to our visitors as well as improving the safety of our streets for our residents. To that end, improving the appearance and conditions of our roadways would be my utmost priority.

LAST NAME Irving COMMITTEE NAME Streets & Utilities Committee

READ CAREFULLY

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- Home address, Home phone number, Home Fax number, Business address, Business phone number, Business fax number, Cell Phone Number, Personal E-mail address, Business e-mail address

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Date Dec 19, 2012

If appointed to a City committee, commission or other advisory body, I DO NOT 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, disclose on the Internet and in all other appropriate places that I serve on a City committee, commission or other advisory body.

Date Signature

City of Paso Robles

RECEIVED
CITY OF PASO ROBLES OFFICE
JAN 25 2013
CITY OF PASO ROBLES

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

Name of Advisory Body: STREET TAX ADVISORY COMMITTEE

Name of Applicant: FREDERICK C. BRANDT

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

Mailing Address: SAME

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

Retired? Occupation (if applicable) _____

Employer (if applicable) _____

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

EDUCATION & TRAINING

High School ST. FRANCIS DE SALES TOLEDO OHIO

College SAN DIEGO STATE UNIV. SAN DIEGO CA

Degrees/Majors B.S. - TELECOMMUNICATIONS

Other Schools/Training
INDIANA UNIV. - M.S. Ed. (EDUCATION)

MEMBERSHIP IN ORGANIZATIONS

ESTRELLA WAR BIRDS MUSEUM
E.A.P.

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.

SEE ATTACHMENT.

LAST NAME BRANDT COMMITTEE NAME STREET TAX COMM.

READ CAREFULLY

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- Business phone number
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- Home Fax number
- Business fax number
- Business e-mail address

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Date JANUARY 24, 2013 [REDACTED]
Signature

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Date _____ Signature _____

Addendum to APPLICATION FOR APPOINTMENT

Frederick Brandt – Additional Information

Tourism and commerce are absolutely vital to the city of Paso Robles and the conditions of our roads and streets quickly reflect our concern for maintaining and improving these economic engines. At the same time the residents of the city deserve the benefits of improved roadway conditions. I believe the purpose of this advisory committee should be to assist in determining how the city walks both sides of this line. My extensive experience in customer service is based on serving multiple groups with different needs and providing solutions that address those needs in whole or in part. I feel that this experience would allow me to contribute to both the structure of the committee and the input on which it will depend.

City of Paso Robles

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

RECEIVED CITY CLERK'S OFFICE DEC 1 2012 CITY OF PASO ROBLES

Name of Advisory Body: ROADWORK SPENDING COMMITTEE

Name of Applicant: WILLIAM P. COLES

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

Mailing Address: (if different from home) [Redacted]

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

Retired? [X] Occupation (if applicable) _____

Employer (if applicable) _____

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

EDUCATION & TRAINING

High School: EDISON TECHNICAL INSTITUTE NEW YORK

College: FOOTHILL COMMUNITY COLLEGE PASO ROBLES CA

Degrees/Majors _____

Other Schools/Training: SALES, MARKETING, BEHAVIORAL SCIENCE

MEMBERSHIP IN ORGANIZATIONS

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 BELIEVE PASO ROBLES HAS SIGNIFICANT TRAFFIC & ROAD CONDITION CHALLENGES. RATHER THAN COMPLAINING, I WOULD LIKE TO HELP.

LAST NAME COLES COMMITTEE NAME ROADWORK SPENDING

READ CAREFULLY

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- Home address, Home phone number, Home Fax number, Business address, Business phone number, Business fax number, Cell Phone Number, Personal E-mail address, Business e-mail address

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Date _____

Signature [Handwritten Signature]

If appointed to a City committee, commission or other advisory body, I DO NOT 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. If the City may, however, disclose on the Internet and in all other appropriate places that I serve on the _____

Date 12/17/12

City of Paso Robles

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

RECEIVED CITY OF PASO ROBLES OFFICE JAN 23 2013 CITY OF PASO ROBLES

Name of Advisory Body: Supplemental Sales Tax Oversight Committee

Name of Applicant: Thomas B. Tringham

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

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

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

Retired? [X] Occupation (if applicable)

Employer (if applicable)

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

EDUCATION & TRAINING

High School Westminster High School Westminster CA

College Golden West Junior College Huntington Beach CA

Degrees/Majors

Other Schools/Training

MEMBERSHIP IN ORGANIZATIONS

Active member of Paso Robles Elks #2364.

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.

- *U.S. Navy Reserves: 21 years of senior leadership experience...
*State of California: 13 years of road/highway maintenance experience.
*Paso Robles resident for 30 years with a desire to participate on the committee...

LAST NAME Tringham COMMITTEE NAME Supplemental Sales Tax Oversight Committee

READ CAREFULLY

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- Home address Business address Cell Phone Number
Home phone number Business phone number Personal E-mail address
Home Fax number Business fax number Business e-mail address

Further, if my home address and telephone number are otherwise non-disclosable under the California Public Records Act (California 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 response to a request made under the Public Records Act.

Date Signature

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Date Jan 23, 2013 Signature

RECEIVED
CITY OF PASO ROBLES OFFICE

City of Paso Robles

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

JAN 08 2013

CITY OF PASO ROBLES

Name of Advisory Body: Road Repair Committee (Supplemental Sales Tax Oversight Committee)

Name of Applicant: William Faye Last Name

Street Address: [Redacted] City, Zip: Paso Robles, Ca 93446

Mailing Address (if different from home): [Redacted] Paso Robles Ca. 93447
P.O. Number City State Zip

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

Retired? Occupation (if applicable) Radiologic Technologist

Employer (if applicable) _____

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

EDUCATION & TRAINING

High School _____ Name City State

College Univ. of LaVerne Name City State

Degrees/Majors Bachelor of Science

Other Schools/Training _____

MEMBERSHIP IN ORGANIZATIONS

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 would like to provide a common positive input to the improvement of the roads here in Paso Robles.

LAST NAME _____ COMMITTEE NAME _____

READ CAREFULLY

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- Business phone number
- Business fax number
- Cell Phone Number
- Personal E-mail address
- Business e-mail address

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Date 1/8/2013 Signature [Redacted]

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Date 1/8/2013 Signature [Redacted]

City of Paso Robles

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

RECEIVED
CITY OF PASO ROBLES
DEC 21 2012

Name of Advisory Body: TAX OVERSIGHT COMMITTEE
Name of Applicant: CODY FERGUSON
Street Address: [REDACTED] City, Zip: PASO ROBLES, CA 93446
Mailing Address: [REDACTED] PASO ROBLES CA 93447
Home Phone: [REDACTED] Home Fax: [REDACTED] Email: [REDACTED]
Retired? Occupation (if applicable) FIRE CAPTAIN
Employer (if applicable) _____
Work Phone: () _____ Work Fax: () _____ E-mail: _____

EDUCATION & TRAINING
High School GRANT VAN NUYS CA
College VALLEY COLLEGE VAN NUYS CA
Degrees/Majors ASSOCIATED ARTS DEGREE / FIRE SCIENCE
Other Schools/Training WHARTON SCHOOL OF PUBLIC PENSION FINANCE

MEMBERSHIP IN ORGANIZATIONS

ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS

Current _____
Current _____
*Previous LACERA RETIREMENT BOARD
*Previous LACERA INVESTMENT BOARD
Previous _____

TERM

From _____ To _____
From _____ To _____
From 1977 To 2003
From 1977 To 2003
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.
*LACERA = LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION

LAST NAME FERGUSON COMMITTEE NAME TAX OVERSIGHT COMMITTEE
READ CAREFULLY

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 Home address Business address Cell Phone Number
 Home phone number Business phone number Personal E-mail address
 Home Fax number Business fax number Business e-mail address

Further, if my home address and telephone number are otherwise non-disclosable under the California Public Records Act (California 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 response to a request made under the Public Records Act.

Date 12-20-2012
Signature [REDACTED]

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Date _____ Signature _____

City of Paso Robles

RECEIVED
CITY OF PASO ROBLES OFFICE

DEC 09 2012

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

CITY OF PASO ROBLES

Name of Advisory Body: _____

Name of Applicant: EUGENE M. FOOSE
First Name Middle Initial Last Name

Street Address: _____ City, Zip: PASO ROBLES, CA 93446

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

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

Retired? Occupation (if applicable) _____

Employer (if applicable) _____

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

EDUCATION & TRAINING

High School Lincoln High School Cleveland, OH
Name City State

College Ventura Junior College Ventura, CA
Name City State

Degrees/Majors AA Social Sciences

Other Schools/Training _____

MEMBERSHIP IN ORGANIZATIONS

PRESIDENT, TRADITIONS Homeowners ASSOCIATION PAST 4 years

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.

Retired From CALTRANS with 36 years in Their Highway Maintenance Division. Retired AS A Highway Superintendent. My wife and I have lived in Paso Robles for 25 years. I was a Little League president for 2 years in Reseda, Ca and served on the Elder Board of Atascadero Bible Church for many years.

LAST NAME Foose COMMITTEE NAME _____

READ CAREFULLY

supplemental TAX oversight Committee

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- | | | |
|--|--|--|
| <input type="checkbox"/> Home address | <input type="checkbox"/> Business address | <input type="checkbox"/> Cell Phone Number |
| <input type="checkbox"/> Home phone number | <input type="checkbox"/> Business phone number | <input type="checkbox"/> Personal E-mail address |
| <input type="checkbox"/> Home Fax number | <input type="checkbox"/> Business fax number | <input type="checkbox"/> Business e-mail address |

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Date _____

Signature _____

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Date 12-7-12

Signature _____

City of Paso Robles

RECEIVED
CITY OF PASO ROBLES OFFICE

DEC 03 2012

CITY OF PASO ROBLES

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

Name of Advisory Body: CITIZEN'S TAX OVERSIGHT COMMITTEE

Name of Applicant: ALFRED "NICK" GILMAN
First Name Middle Initial Last Name

Street Address: _____ City, Zip: Paso Robles 93446

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

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

Retired? Occupation (if applicable) ARCHITECT

Employer (if applicable) SELF

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

EDUCATION & TRAINING

High School HARVARD SCHOOL NORTH HOLLYWOOD, CA
Name City State

College UNIV. CALIF. BERKELEY CA
Name City State

Degrees/Majors B. ARCHITECTURE

Other Schools/Training. _____

MEMBERSHIP IN ORGANIZATIONS

ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS

TERM

Current _____

From _____ To _____

Current _____

From _____ To _____

Previous PLANNING COMMISSION

From 1979 To 1987

Previous RDA PROJECT AREA COMM.

From 1987 To 2007

Previous CITY COUNCIL

From 2009 To 2012

ADDITIONAL INFORMATION

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

- FAMILIARITY WITH:**
- STREET CONSTRUCTION; GRADING/PAVING
 - CITY CIRCULATION & BICYCLE PLANS
 - CITY FINANCING & PROCEDURES

LAST NAME GILMAN

COMMITTEE NAME TAX OVERSIGHT

READ CAREFULLY

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- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Home address | <input checked="" type="checkbox"/> Business address | <input type="checkbox"/> Cell Phone Number |
| <input type="checkbox"/> Home phone number | <input checked="" type="checkbox"/> Business phone number | <input type="checkbox"/> Personal E-mail address |
| <input type="checkbox"/> Home Fax number | <input checked="" type="checkbox"/> Business fax number | <input checked="" type="checkbox"/> Business e-mail address |

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Date 12/7/12

Signature _____

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Date _____

Signature _____

JAN 03 2013

CITY OF PASO ROBLES

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

Name of Advisory Body: SUPPLEMENTAL TAX ADVISORY COMMITTEE

Name of Applicant: RICK D GOREE
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: [REDACTED] E-mail: [REDACTED]

Retired? Occupation (if applicable) STATE FARM INSURANCE AGENT

Employer (if applicable) RICK GOREE INSURANCE AGENCY INC.

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

EDUCATION & TRAINING

High School RAMONA HIGH SCHOOL RIVERSIDE CA
Name City State

College CALIFORNIA BAPTIST COLLEGE RIVERSIDE CA
Name City State

Degrees/Majors _____

Other Schools/Training SECURITIES PRODUCTS LICENSED

MEMBERSHIP IN ORGANIZATIONS

PASO ROBLES ROTARY CLUB FOR 12 YEARS

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.

THIS WOULD BE MY FIRST APPOINTMENT ON ANY TYPE OF BOARD, ETC. I WOULD LIKE TO GET INVOLVED WITH VOLUNTEERING AND HELPING WITH OUR CITY GOVERNMENT. I HAVE ACCESS TO MANY CLIENTS AND OFTEN HAVE DISCUSSIONS REGARDING OUR CITY POLITICS. I FIND THEY LOOK TO ME TO PROVIDE A VIEW POINT AND PERSPECTIVE THAT A LOCAL BUSINESS OWNER MIGHT HAVE. I THINK THIS IS THE TYPE OF COMMITTEE IS A GOOD FIRST STEP FOR ME. AND, I DRIVE OUR STREETS MORE THAN MOST. THANK YOU

LAST NAME GOREE COMMITTEE NAME SUPPLEMENTAL TAX ADVISORY COMMITTEE

READ CAREFULLY

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- Business phone number
- Business fax number
- Cell Phone Number
- Personal E-mail address
- Business e-mail address

Further, if my home address and telephone number are otherwise non-disclosable under the California Public Records Act (California Government Code §6250 et seq.), I understand that by agreeing to the release of the information above, the information may be provided by the City in response to a request made under the Public Records Act.

Date Jan 8, 2013 [REDACTED]

If appointed to a City committee, commission or other advisory body, I **DO NOT** 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, disclose on the Internet and in all other appropriate places that I serve on a City committee, commission or other advisory body.

Date _____ Signature _____

City of Paso Robles

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

Name of Advisory Body: Oversight Committee on Sales Tax Revenue

Name of Applicant: KATHLEEN HALL

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

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

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

Retired? Occupation (if applicable) Scientist

Employer (if applicable)

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

EDUCATION & TRAINING

High School Limestone High Peoria IL

College Bradley University Peoria IL

Degrees/Majors BS Biology

Other Schools/Training Ohio State University Ph.D./ UCLA Post Doctorate

MEMBERSHIP IN ORGANIZATIONS

ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS

TERM

Current		From		To	
Current		From		To	
Previous	<u>New York University John Brademas</u>	From	<u>2003</u>	To	<u>2006</u>
Previous	<u>Coalition of South Coast Environme</u>	From	<u>1994</u>	To	<u>1998</u>
Previous	<u>Councilwoman</u>	From	<u>1975</u>	To	<u>1979</u>

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 an environmental scientist, but I know business and I know construction. I was President of a Company for six years in environmental and paving construction. I work well in committees, but most important, I know revenue and cost accounting.

Kathleen Hall

LAST NAME Hall

COMMITTEE NAME Oversight Committee on New Sales Tax Revenue

Signature [Redacted]

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Date _____ Signature _____

City of Paso Robles

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

RECEIVED CITY CLERK'S OFFICE JAN 23 2013 CITY OF PASO ROBLES

Name of Advisory Body: Supplemental Tax Advisory Committee

Name of Applicant: Thomas Kirk Hardwick (First Name, Middle Initial, Last Name)

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

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

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

Retired? [X] Occupation (if applicable)

Employer (if applicable)

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

EDUCATION & TRAINING

High School: Oakland High, Oakland, Ca

College: Los Madonas, Pittsburg, Ca

Degrees/Majors: Fire Science - no degree

Other Schools/Training: 30 years Communications and Management training with Pacific Bell and SBC.

MEMBERSHIP IN ORGANIZATIONS

ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS

TERM

Table with 2 columns: Appointment Status (Current, Previous) and Term (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 care deeply about our city and have watched the roads and infrastructure degrade as we have had to cut back maintenance due to lack of funds. I volunteer and participate in many events in and around Paso Robles. I believe that I have the knowledge and passion to assist this committee in developing a plan and prioritizing the repairs needed to bring our streets and road ways up to acceptable standards.

LAST NAME: Hardwick

COMMITTEE NAME: Supplemental Tax 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 post 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, Business address, Business phone number, Business fax number, Cell Phone Number, Personal E-mail address, Business e-mail address

Further, if my home address and telephone number are otherwise non-disclosable under the California Public Records Act (California 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 response to a request made under the Public Records Act.

Date: Jan 22, 2013

Signature

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Date

Signature

City of Paso Robles

RECEIVED
CITY OF PASO ROBLES OFFICE

JAN 25 2017

CITY OF PASO ROBLES

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

Name of Advisory Body: Supplemental Tax Oversight Committee

Name of Applicant: Brian J Hawley
First Name Middle Initial Last Name

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

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

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

Retired? Occupation (if applicable) Assistant Manager

Employer (if applicable) CVS/Pharmacy

Work Phone: [Redacted] Work Fax: () E-mail: _____

EDUCATION & TRAINING

High School Mt. Miguel High School Spring Valley CA
Name City State

College Biola University La Mirada CA
Name City State

Degrees/Majors B.S. Christian Education

Other Schools/Training Talbot Theological Seminary, M.S. Christian Education

MEMBERSHIP IN ORGANIZATIONS

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 have extensive experience in serving as a member/chair of several church related boards and committees, including, but not limited to, search committees (for pastoral candidates), budget committees, Paso Robles Ralph Bell Crusade, Northern California Baptist Conference Youth Committee, Southwest Baptist Conference Christian Education Committee, Paso Robles Ministerial Association and the Paso Robles Baccalaureate Committee. I know what it takes to work as a team to accomplish established goals and work within a budget.

I would like to be appointed to this Oversight Committee because I have a vested interest in where we can improve our roads and streets, as I am an avid bicyclist, riding 50-100 miles a week on local roads. I feel I can represent the local riding community and also help Paso Robles continue and grow as a bicycling destination for visiting cyclists. I also have lived in Paso Robles 26 years and am familiar with the streets of the City and where attention and work needs to be addressed.

LAST NAME Hawley COMMITTEE NAME Supplemental Tax Oversight

READ CAREFULLY

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- | | | |
|--|--|--|
| <input type="checkbox"/> Home address | <input type="checkbox"/> Business address | <input type="checkbox"/> Cell Phone Number |
| <input type="checkbox"/> Home phone number | <input type="checkbox"/> Business phone number | <input type="checkbox"/> Personal E-mail address |
| <input type="checkbox"/> Home Fax number | <input type="checkbox"/> Business fax number | <input type="checkbox"/> Business e-mail address |

Further, if my home address and telephone number are otherwise non-disclosable under the California Public Records Act (California 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 response to a request made under the Public Records Act.

Date _____ Signature _____

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Date 1-14-13 Signature [Redacted]

City of Paso Robles

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

RECEIVED CITY OF PASO ROBLES OFFICE DEC 20 2012 CITY OF PASO ROBLES

Name of Advisory Body: PASO ROBLES ROAD FUNDS COMMITTEE

Name of Applicant: RICHARD H HOLMES

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: [Redacted]

Retired? [X] Occupation (if applicable)

Employer (if applicable)

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

EDUCATION & TRAINING

High School EAST LANSING EAST LANSING MICHIGAN

College MICHIGAN STATE UNIV EAST LANSING MICHIGAN

Degrees/Majors B.S. MATHEMATICS

Other Schools/Training UCLA - ELECT ENG

MEMBERSHIP IN ORGANIZATIONS

EAGLE SCOUT ELKS - ATASCADERO

ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS

Current Previous

TERM

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.

- SYSTEMS & SPECIALTY ENGINEER FOR TRW FOR 37 YRS
- PROGRAM & PROJECT MANAGER FOR MISSILE & SATELLITE REQUIREMENTS DEFINITION, DESIGN & PRODUCT DEVELOPMENT
- PASO RESIDENT W/CARS THAT DRIVE CITY/COUNTY ROADS
- PROCURED EXTENSIVE DRIVEWAY ASPHALT & CONCRETE WORK

LAST NAME HOLMES

COMMITTEE NAME ROAD FUNDS COMMITTEE

READ CAREFULLY

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- Home address Business address Cell Phone Number
Home phone number Business phone number Personal E-mail address
Home Fax number Business fax number Business e-mail address

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Date

Signature

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Date 12/24/2012

Signature