City of Paso Robles

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

Name of Advisory Body:	- Kacamation	7		
Name of Applicant:	Middle Initial	Pecino Last Name		
Street Address:	Circle	City, Zip: PAG	10 Robbin 93441	
Mailing Address:	City	State	Zip	
Home Phone: Home Fa	ax: () E-	mail:		
Retired? Occupation (if applicable)	WINE INDEREN	(OPERATION	5)	
Employer (if applicable)	linevaens tre	· · ·		
Work Phone: () Work Fa	x: () E-	mail:		
EDUCATION & TRAINING	0 /	. 1	0.4	
High School Dellarenine (a)	lege (vep.	1 FRE MAC	CA	
College Osischy of Acin	ena ti	essed ,	State	
Degrees/Majors Augiological	Science (B	s); Chemist	ry (Minoe)	
Other Schools/Training	\- 0	ν.Λ.	<i>J</i> –	
CALIFORNIA AC LE	modesnip - CLA	is 44	1000	
MEMBERSHIP IN ORGANIZATIONS			V2	
ADVISORY BODY/COMMITTEE/COMMISS Current PALKS & RECEASITE Current	SION APPOINTMENTS	TERM From ZOLA From	To 2016	
Previous PARIS ? RACIEDATION		From 2012	To 2014	
Previous		From	То	
Previous		From	To	
ADDITIONAL INFORMATION Please provide any supplemental information to this this advisory body.	s application, including the spe	ecific reason you believe you	should be appointed to	
¥				
©I				
¥				
LAST NAME CELINO	COMMITTEE	NAME PACES	? Racegarion	
	READ CAREFULLY			
This is a public document. I understand that all info	rmation contained within it wil	I be provided to the public u	pon request.	
If appointed to a City committee, commission or cunderstand that other Web sites not controlled by the it. I also authorize the City to update my personal controlled by the c	ne City may provide links to a	City Web page that has my p	personal information on	
☐ Home address ☐ Home phone number ☐ Home Fax number	☐ Business address☐ Business phone number☐ Business fax number	Person	Phone Number onal E-mail address ness e-mail address	
Further, if my home address and telephone number Government Code §6250 et seq.), I understand the provided by the City in response to a request made to Date 4 13 16	at by agreeing to the release	under the California Public of the information above, th	Records Act (California nis information may be	
If appointed to a City committee, commission or off its Web site or to release such information to a thir disclose on the Internet and in all other appropriate	d party who	uthorize the City to post my mation on their Web site. I amittee, commission or other	The City may, however,	
Date	Claust			
	Signature			

City of Paso Robles

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

Name of Advisory Body: Parks and Recr	eation Advisory	Committee	
Name of Applicant: Dale	E	Breckow	
Process.	Míddle Initíal	(as	I Name
Street Address:		City, Zip: Pasc	Robles 91
Mailing Address: Same	City	Stat	93446
	x: ()		210
Retired? Occupation (if applicable)			
Employer (if applicable)			
* * *	:()	E-mail;	
EDUCATION & TRAINING			
High School La Canada	La Can	ada	Ca
College UCLA/Cal State Los Angele	es Los Ai	City igeles	Ca ^{State}
Nome		/**,	State
Degrees/Majors Political Science/M	BA - Finance Sp	ecializtion	
Other Schools/Training			_
			_
MEMBERSHIP IN ORGANIZATIONS			
St. James Episcopal Church - P	ast Senior Ward	en, Search C	Committee Chair
Sherwood Dog Park - Treasurer	and Board Membe	r	
			0%
ADVISORY BODY/COMMITTEE/COMMISSI		TERM	
Current			To
Current			То
Previous			To
Previous		From	То
Previous		From	То
ADDITIONAL INFORMATION Please provide any supplemental information to this advisory body. I have supported civic activit Alamitos (Ca.) street tree com Boy Scouts, AYSO. My wife and insure their continued service	ties in the past mmittee, youth s I I love the par	including mupport leade	member of Los
			5
			5
Y A COMPANY AND			and Recreation
LAST NAME Breckow	COMMITTI	E NAME Parks a	ry Committee
	READ CAREFULLY		
This is a public document, 4 understand that all inform	nation contained within it w	vill be provided to the	public upon request.
If appointed to a City committee, commission or off understand that other Web sites not controlled by the it. I also authorize the City to update my personal con	City may provide links to a	a City Web page that	has my personal information on
☐ Home phone number	☐ Business address☐ Business phone number☐ Business fax number☐	5	Cell Phone Number Personal E-mail address Business e-mail address
Further, if my home address and telephone number a Government Code §6250 et seq.), I understand that provided by the City in response to a request made un	by agreeing to the release	of the information	
Date	Signature	0.0	
If appointed to a City committee, commission or other its Web site or to release such information to a third placetose on the Internet and in all other appropriate placetose.	party who may post the inf	ormation on their W	eb site. The City may, however,
Date	Signature		