

APR 18 2017

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

Name of Advisory Body: Parks/Recreation Advisory Committee

CITY OF PASO ROBLES

Name of Applicant: James D. McPherson
First Name Middle Initial Last Name

Street Address: _____ City, Zip: 93446

Mailing Address: as above
(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 Holt School Lockerbie, Scotland
Name City State

College UBC Vancouver bc
Name City State

Degrees/Majors Urban Land Econ. (2 year diploma)/Landscape design (1 year diploma)

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 am very interested in outdoor recreation for all age groups, including my own, and very aware of the need for outdoor spaces for the members of our community. I would like to see the river walk expanded and even upgraded to include bike usage ('though not a cyclist myself) also very aware that cost would be the deciding factor.

LAST NAME McPherson

COMMITTEE NAME Parks/Recreation 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.

- | | | |
|--|--|--|
| <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 56250 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 _____

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 the Internet and in all other appropriate places that I serve on a City committee, however, _____

Date Apr 18, 2017 Signature _____

City of Paso Robles

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

APR 11 2017

Name of Advisory Body: Parks & Rec

Name of Applicant: Pamela C Reynolds

Street Address: _____ ip: Paso Robles 93446

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

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

Retired? Occupation (if applicable) _____

Employer (if applicable) PRJUSched District Food Service Lewis m/s

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

EDUCATION & TRAINING

High School Bishop Feehan HS. Attleboro Mass.

College N/A Name _____ City _____ State _____

Degrees/Majors _____

Other Schools/Training _____

MEMBERSHIP IN ORGANIZATIONS

ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS

Current Parks & Rec

Current _____

Previous Senior Advisory Board

Previous _____

Previous _____

TERM

From _____ To _____

From _____ To _____

From 6 1/2 To 4 years

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 enjoy being a small part of the city & community by volunteering on different committees and advisory boards.

LAST NAME _____

COMMITTEE NAME _____

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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

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 ~~Re~~

Date 4-11-17

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 _____

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

Name of Advisory Body: Parks and Rec Advisory Committee

Name of Applicant: Stacia J Finley

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) Mortgage Broker

Employer (if applicable) self

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

EDUCATION & TRAINING

High School Upland High School Upland CA

College University of La Verne La Verne CA

Degrees/Majors BS in Business Administration

Other Schools/Training:

MEMBERSHIP IN ORGANIZATIONS

ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS

TERM

Current Current Previous Previous

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.

LAST NAME Finley

COMMITTEE NAME Parks and Rec Advisory Committee

READ CAREFULLY

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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 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 this information, I authorize the City to release this information to the public in response to a request made under the Public Records Act.

Date Apr 11, 2017

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