APPLICATION FOR COUNTY OF EL DORADO BOARD, COMMISSION, OR COMMITTEE

Return to: Clerk of the Board of Supervisors County Government Center 330 Fair Lane, Placerville, CA 95667 e-mail: edc.cob@edcgov.us

DATE RECEIVED

CODY to Supervisor - District		Copy	to	Supervisor - District		
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INSTRUCTIONS: Please complete each item below. Be sure to enter the title of the Board, Commission, or Committee (only one per application please) for which you desire consideration. For more complete information or assistance contact the Clerk of the Board of Supervisors' Office. This application shall be maintained for a

Anderson Adam L. Last First Middle 5. Address: Number Street Placerville 95667 City Zip Code 7. Occupation/Title:	Telephone: Business inployer: ealthGuard Advisors, Inc. ave been a member. Indicate dates of service.
Anderson Adam L. Last First Middle 5. Address: Number Street Placerville 95667 City Zip Code 7. Occupation/Title: Investment Advisor/Manager - Owner V 8. List all County board, commissions or committees of which you are now or interest? I have an understanding and interest in economics, budgeting and in mos 10. Affiliations with professional and/or community groups: Current President Rising Hill Rd. CSD as of Jan. 2011 Current County Chamber Board Director as of Jan. 2015 Currently VP Placerville Downtown Association as of Jan. 2015 11. Why do you seek appointment? I believe my experience in the financial industry and as a local business of the community. I own businesses and properties in the county as well as long term health and prosperity of the county. 12. Additional Information: Give any information explaining your qualifications community organization memberships, or personal interests that bear on y	Telephone: Business Inployer: ealthGuard Advisors, Inc.
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I have had ethics training with Special Districts Risk Management Associa	ur application for above Board, Commission, or
 Indicate Supervisor who will receive a copy of this application; Veerkamp	ur application for above Board, Commission, or
Appointees to Boards, Commissions or Committees are not considered to be Co Workers Compensation, health insurance, etc.	ur application for above Board, Commission, or
Colonia & Carden Seen	ur application for above Board, Commission, or

Signature of Applicant

REVISED 1/6/2011 11:55 AM

You can save this completed application and attached to an email and send to edc.cob@edcgov.us

Clear Form

Spell Check

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