RECEIVED

NOYO HARBOR COMMISSION

APPLICATION FOR APPOINTMENT

JUN 09 2016 CITY OF FORT BRAGG CITY CLERK

INFORMATION:

INSTRUCTIONS:

The Noyo Harbor Commission, consisting of five members, is the governing body of the Noyo Harbor District; a special public district and political subdivision of the State of California organized under \$6200, et seq. of the California Harbors and Navigation Code. The Commission has the ultimate authority of and directs all phases of operations of the Noyo Mooring Basin at Noyo Harbor; plans for the future use and development of Harbor District property and facilities; represents the Noyo Harbor District in contacts with Federal, State, County, City and other public and private agencies; supervises the preparation of and adopts the annual budget. The Commissioners are not compensated for their service to the Harbor District. The Commission meets regularly on the second Thursday of the month.

Please provide the information requested and any additional information you feel would be useful to the City Council in making their selection.

| NAME: STEVE BRADLEY |
|---|
| RESIDENT ADDRESS: 19500 BENSON LANE FORT BRAGE |
| MAILING ADDRESS: SAME |
| HOME PHONE: 707-964-8466 BUSINESS PHONE: 707 - 489-5515 |
| BUSINESS ADDRESS: |
| OCCUPATION: COMMERCIAL FISHERMAN |
| E-MAIL ADDRESS: JOELLE, MARIE AT COMCAST, NET |
| |

Brief statement:

1. Why are you interested in serving as one of the two City of Fort Bragg representatives on the

Noyo Harbor District Board?

IVE SPENT 40+ YEARS AROUND THAT HARBOR AND REMEMBER WHEN IT WAS BUILT, I HAVE BEEN A BERTH HOLDER FOR OVER 24 YEARS AND THINK THATICAN BRING INPUT AND MAKE A DIFFERENCE IN CLEANING UP AND MAKING THIS HARBOR SOMETHING TO BE PROUD OF AGAIN.

| | | | | | | | | t you may have in | the Noyo Harbor |
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NOTE: If appointed, commissioners are required to complete Fair Political Practices Commission (FPPC) financial disclosure forms.

COMPLETED APPLICATIONS SHOULD BE RETURNED BY 5:00 PM, October 31, 2016 TO:

June Lemos, City Clerk

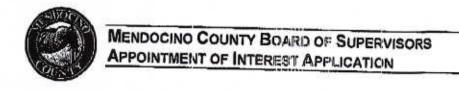
CITY OF FORT BRAGG

416 North Franklin Street

Fort Bragg, California 95437

EDUCATION AND TRAINING

| | | LDO | DATION AN | DINAM | 110 | | | | | |
|--|--|------------------------------------|--------------------------------------|--------------------------|-------------|----------------|------------------------|--------------------------|-----------------|--|
| HIGH SCHOOL | | | LOCATION | | | | | | | |
| FORT BRAGE HIGH | | | FORT BRAGG | | | | | | | |
| GRAD | VATE | | | | | | | | | |
| NAMES OF CO | DLLEGES/UNIVER | Dates Attended | Course of Degree Study/Major Awarde | | rde | Type of Degree | | Date Degree Completed | | |
| 1. | | | | | | | | | | |
| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
| OTHER RELEVANT COURSES AND TRAINING | | | Names/Locations of Institution Lengt | | | gth of Course | | Date | | |
| 1. | | | | | | | | | | |
| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
| 4. | | | | | | | | | | |
| PROFESSIONAL LICENSE OR CERTIFICATE(s) | | | Serial No. | | Date Issued | | | Expiration Date | | |
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| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
| COMMUNITY | FD\(10F(0) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 41 . /). | | | | | | | | |
| 1. | ERVICE/Organiz | ation(s): | | | | | | | | |
| 2. | | | | | | | | | 76 | |
| 3. | | | | | | | | | - 1 | |
| 4. | | | | | | | | | | |
| 5. | | | | | | | | | | |
| | | | | | | | | | | |
| EMPLOYMENT | HISTORY (You ma | y wish to attac | ch a resume or oth | er relevant doc | cuments t | o furth | er describe | your qu | ualifications.) | |
| Мо. Үг. | TO: Mo. Yr. | Employer (E | usiness or Agency Name) | | | | Title o | Title of your position | | |
| Describe the manner | 23 2004 | | EMOLOYED LACT | | | | OW | OWNER OFFRATOR | | |
| Describe the responsibilities you performed and/or the skills you acquired which may relate to this Committee or Board position | | 32 YEARS | | | | | | | | |
| Mo. Yr. | o, Yr, TO: Mo. Yr. Employer (| | | Business or Agency Name) | | | | Title of your position | | |
| Describe the responser performed and/or the which may relate to Board position | e skills you acquired | | | | | | | | | |
| Mo. Yr. | TO: Mo. Yr. | Employer (Business or Agency Name) | | | | | Title of your position | | | |
| Describe the responsibilities you performed and/or the skills you acquired | | | | | | | | | | |
| which may relate to Board position | | | | | | | | | | |
| Mo. Yr. | TO: Mo. Yr. | Employer (Business or Agency Name) | | | | | Title o | Title of your position | | |
| Describe the respon performed and/or the which may relate to to Board position | e skills you acquired | | | | | | | | | |



| Committee Name: NOYO PARKBUR DISTRICT Date: OCT. 14, | |
|--|-------------------|
| Representational Category: HARBOR COMMISSIONER 707-96 | |
| Name: <u>STEVE BRADLEY</u> Phone: <u>707-96</u> | 4-8466 7-5515 |
| Address (Per Voter Registration): 19500 BENSON LN. FORT BRAGE CA | |
| Address (Malling): SAME AS AGOVE E-mail: JOELLE . MA | 5 (5-1X) - 5 |
| Availability to Attend Meetings: | |
| Night Meetings Day Meetings | |
| Ukiah Only Other ANYTIME NEEDED | |
| Special Expertise, Experience, or Interest in This Area: | |
| I WAS BORN AND RAISED IN FORT BRAGG AND ATT A | 3R0 |
| BENERATION COMMERCIAL FISHERMAN, BEING A 24 YEAR | 0-110 |
| HOLDER I HAVE SEEN THE HARBOR DETERIORATING OF | (FB |
| THOSE YEARS, I WANT TOBE A PART OF CLEANING UP, REA | CULANC |
| AND MAKING THIS HARBOR A PLACE WE ALL CAN BE PROVI | SUILDING- DAF |
| I hereby certify that I am a registered voter in the State of California, County of Mendoc citizen of the United States, and will be at least 18 years of age at the time of the next election am not imprisoned or on parole for the conviction of a felony. I certify under penalty of punder the laws of the State of California, that the information on this application is true. | ino, a tion. I |
| I understand that assuming this public responsibility could result in public knowledge background and/or qualifications, including financial interests. | of my |
| Applications will be kept on file for one year. | |
| Signature: Dated: OCT. 14, 20 | 0/6 |
| For Clerk's Use Only | |
| Date Appointed: Term: Term: | 9 |
| ¥ 2 | |

Return corripleted application to:
The Mendocino County Clerk of the Board's Office
501 Low Gap Road, Room 1010
Uklah, CA 95482
or Fax to (707) 463-7237