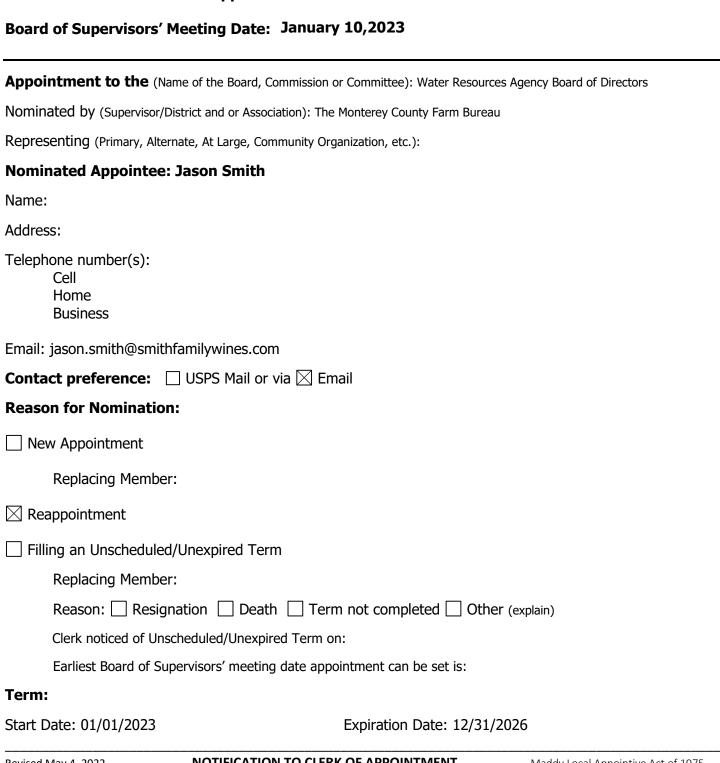
# MONTEREY COUNTY

### CLERK OF THE BOARD OF SUPERVISORS

To: Clerk of the Board's Office

From: Eva Gonzales

**RE: Notification to Clerk of Appointment** 





# Submitted application for

# MONTEREY COUNTY WATER RESOURCES AGENCY BOARD OF DIRECTORS

| AGENCY BOARD OF DIRECTORS  |
|--|
| Email *  |
| jason.smith@smithfamilywines.com   |
| This Form and its contents may be subject to the California Public Records Act, and as such may therefore be subject to public disclosure unless otherwise exempt under the act. |
| First Name *   |
| Jason  |
| MI   |
| Last Name *  |
| Smith  |
| Address 1 *  |

City \*

Address 2 (optional)

salinas

| State *  |
|--|
| CA   |
| Postal Code *  |
| 93901  |
| Some boards and commissions require membership to be racially, politically or geographically proportionate to the general public. The following information helps track our recruitment and diversity efforts. |
| Ethnicity  |
| White  |
| Gender   |
| Male   |
| What district do you live in? *  |
| District 5   |
| Primary Phone *  |
|  |
| Alternate Phone *  |
|  |
| Please identify how you prefer to be contacted.  |
| Email  |
|  |
|  |
| Are you currently serving on a County of Monterey Board, Commission, Committee or other Community Advisory Group? *  |

| Yes   |
|---|
| If yes, please list   |
| MCWRA BOD SVGSA Advisory Board and Upper Valley Implementation Chair  |
|   |
| Interests & Experiences   |
| Please tell us about yourself and why you want serve  |
| I have been involved in Ag Politics and advocacy on numerous boards since 1992. It is paramount that we stay involved in all aspects of our county to make sure we keep the county viable and fair.                                   |
| Please state the reason you would like to be a member of this board committee/commission/district.  |
| I have served my first term and have been asked again by MCFB to represent them at MCWRA. We have a lot of work and we have a good group on the BOD to work with staff to accomplish many projects.                                   |
| Have you served on an advisory group before?  |
| Yes   |
|   |
| How did you hear about the position?  |
| N/A   |
| Monterey County Policy - states that Commissioners are required to attend meetings on a regular basis. If appointed, will you be able to attend meetings regularly and devote the time necessary to fulfill your duties as a member * |
| Yes   |
|   |
|   |

## **Background Information**

Upload a resume with the names, addresses, and dates of employers for the last five (5) years.

no resume uploaded

#### **Employer**

Valley Farm Management

#### **Job Title**

President/CEO

#### Occupation

Vineyard Management

#### **Employer Address**

# Information Regarding Conflict of Interest and Filing of Statements of Economic Interests (Form 700)

State and local law requires that you abstain from participation in decisions that may affect your financial interest, including sources of income and interest in real property or investments. In addition, if appointed you may be required to fill out a disclosure statement that identifies certain of your financial interest beginning with the immediate 12 months period prior to your appointment.

In accordance with Government Code Sections 87313 and the County of Monterey's Conflict of Interest Code, this Board/commission/Committee/District, you may be required to file statements disclosing certain types of information so that the public can be made aware of potential conflicts of interest. The types of disclosures are:

- Investments
- Interests in Real Property Held by a Business Entity or Trust
- Investments Held by a Business Entity or Trust Income (other than loans and gifts)
- Income Travel Payments, Advances, Reimbursements
- · Income gifts
- Business Positions
- · Commission Income Received by Brokers, Agents, and Salespersons
- Income and Loans to a Business Entity or Trust Income from Rental Property

If you have any questions regarding disclosure requirements, please contact the Clerk of the Board's office at 831-755-5066.

| N/A  |
|--|
|  |
| I DECLARE, UNDER PENALTY OF DISQUALIFICATION AND TERMINATION, THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. |
| Enter Your Initals *   |

Please identify any specialized accommodations needed for equal participation:

**JES**