



A Tradition of Stewardship
A Commitment to Service

County Executive Office

1195 Third Street, Suite 310
Napa, CA 94559
www.countyofnapa.org

RECEIVED

JUN 28 2010

Main: (707) 253-4421
Fax: (707) 253-4176

Nancy Watt
County Executive Officer

June 14, 2010

COUNTY OF NAPA
EXECUTIVE OFFICE

Dr. Kenneth P. Lee
[Redacted]
[Redacted]

RE: Area Agency on Aging Serving Napa and Solano

Dear Dr. Lee:

The term of your position representing the *District 4* expires on **July 1, 2010**.

If you wish to request reappointment, please check the **boxes** below, sign where indicated, and return this letter to the County Executive Office. When the letter has been returned, your name will be forwarded to the Board of Supervisors for consideration for reappointment to another 2-year term, as you have been a valued member of the *Area Agency on Aging Serving Napa/Solano*.

If any of the information on your last application for appointment has changed *or* is 5 years or older please contact the Napa County Executive's Office to obtain a new application, and submit the completed new application when returning this letter.

 Yes, I would like my name, this letter and application forwarded to the Board of Supervisors for possible reappointment to the *Area Agency on Aging Board* for the term commencing *immediately and expiring July 1, 2012*.

I confirm by signing below that all the information on my application is current; *or*

Some of the information on my prior application is no longer correct. A new application is attached.

SIGNATURE

28 June 2010

DATE

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 Napa, CA 94559-3082
 (707) 253-4421 FAX (707) 253-4176

eAFA

APPLICATION FOR APPOINTMENT TO BOARD, COMMISSION, COMMITTEE OR TASK FORCE

PLEASE TYPE OR PRINT (Complete pages 1 through 3)

*Application for Appointment to: (Name of Board, Commission, Committee or Task Force)

BOARD OF DIRECTORS - AREA AGENCY ON AGING SERVING NAPA & SOLANO COUNTIES

*Category of membership for which you are applying:
 (This information can be found on the news release announcing the opening.
 You may apply for more than one category if more than one position is open.)

MEMBER, BOARD OF DIRECTORS

*Supervisorial District in which you reside:

4th, BILL DADD'S DISTRICT

*Full Name

KENNETH T. LEE, D.D., F.A.A.C.

Date

28 June 2018

*Current Occupation (within the last twelve (12) months):

PRIMARY EYE CARE OPTOMETRIST, RETIRED

Current License (Professional or Occupational); Date of issue and/or expiration including status:

REGISTERED OPTOMETRIST, RETIRED

Education/Experience: (A resume may be attached containing this and any other information that would be helpful to the Board in evaluating your application.)

B.S., F.A.A.O.; RETIRED AFTER OVER 50 YRS OF ACTIVE PRIMARY EYE CARE IN NAPA COUNTY

Community participation (nature of activity and community location):

SUMMARY LIST ENCLOSED

Other County Board/Commission/Committee on which you serve/have served:

NAPA COUNTY PROFESSIONAL ON AGEING BOARD OF DIRECTORS, AREA AGENCY ON AGING SERVING NAPA & SOLANO COUNTIES

* Denotes Mandatory Entry Required

Application for Appointment to: (Name of Board, Commission, Committee or Task Force)

Board of Directors - Area Agency on Aging Serving Nassau & Suffolk Counties

Names, addresses and phone numbers of three (3) individuals familiar with your background:

*Name
LEONARD P. LEE, D.D., F.A.S.S.

*Address
ROBERTSON GARAGE, MD.

[Redacted Address]

*City [Redacted] *State [Redacted] *Zip Code [Redacted]

*Telephone [Redacted]

*Name
THOMAS F. SPALLO

*Address [Redacted]

[Redacted Address]

*City [Redacted] *State [Redacted] *Zip Code [Redacted]

*Telephone [Redacted]

*Name
CHARLES MORSE, ATTORNEY

*Address [Redacted]

[Redacted Address]

*City [Redacted] *State [Redacted] *Zip Code [Redacted]

*Telephone [Redacted]

Name and occupation of spouse within the last 12 months, if married (for Conflict of Interest purposes):

BLANCH L. LEE, RETIRED

*Please explain your reasons for wishing to serve and, in your opinion, how you feel you could contribute:

I HAVE BEEN A MEMBER OF DIRECTORS, AREA AGENCY ON AGING SINCE 1997. I WANT TO CONTINUE MY REPRESENTATION ON THE BOARD OF DIRECTORS FROM NASSAU COUNTY

Application for Appointment to: (Name of Board, Commission, Committee or Task Force)

[Redacted box]

APPLICANTS APPOINTED BY THE BOARD OF SUPERVISORS WILL BE REQUIRED TO TAKE AN OATH OF OFFICE.

PLEASE NOTE THAT APPOINTEES MAY BE REQUIRED BY STATE LAW AND COUNTY CONFLICT OF INTEREST CODE TO FILE FINANCIAL DISCLOSURE STATEMENTS.

All applications will be kept on file for one year from the date of application

PERSONAL INFORMATION

The following information is provided in confidence to the extent that it will not be posted on the Internet, but may be used by the Board of Supervisors when making the appointment, or be used by the committee/commission/board/task force following appointment for purposes of communicating with the appointee.

Full Name

KENNETH P. LEE, O.D., FAAD

*e-mail Address

NONE

*Home Address

[Redacted]

*Work Address

RETIRED

*City

[Redacted]

State

[Redacted]

*Zip Code

[Redacted]

*City

[Redacted]

State

[Redacted]

Zip Code

[Redacted]

*Telephone

[Redacted]

Telephone

[Redacted]

Please Read!

Summary of Community Service
Kenneth P. Lee, O.D., F.A.A.O.

- 1 Team Leader: First school vision screenings for the Napa Headstart Program.
- 2 Member: Personal Health Curriculum Development Committee for grades K thru 12.
- 3 Chairman: Napa Unified School District Advisory Committee.
- 4 Representative: Napa County in the Nine Counties San Francisco Bay Area Comprehensive Health Planning Council for a decade. Also served as Treasurer and Chariman Pro Tem on the Personal Health Committee.
- 5 Member: Napa City Planning Commission.
- 6 Chairman and Life Member: Salvation Army, Napa Corp. Advisory Board.
- 7 Member and Immediate Past Chairman: Board of Directors, Area Agency on Aging since 1997.
- 8 Member: Napa County Commision on Aging since 1998.