

Ms. Gladys Coil
Secretary
Board of Supervisors
Napa County

1195 Third Street, Room#310
Napa, California 94559

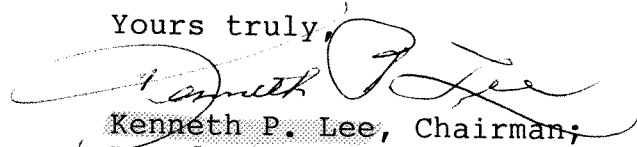
31 August 2007

Dear Ms. Coil,

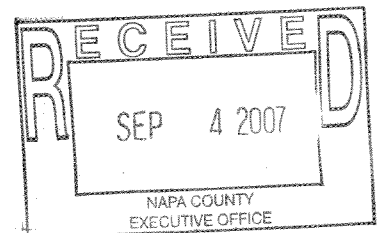
I am available for another two years term (2007-2008) to the Napa County Commission on Aging representing organization concern with senior issues.

Your attention to the appointment is greatly appreciated.
Thank you.

Yours truly,

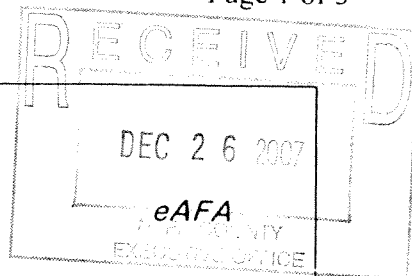


Kenneth P. Lee, Chairman;
Board of Directors
Area Agency on Aging
Serving Napa and Solano Counties
3629 Beckworth Drive
Napa, California 94558





County Executive Office
1195 Third Street, Room 310
Napa, CA 94559-3082
(707) 253-4421 FAX (707) 253-4176



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

Page 1 of 3

PLEASE TYPE OR PRINT (Complete pages 1 through 3)

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

Napa County Commission on Aging

*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.)

*Supervisorial District in which you reside:

Kenneth P. Lee, O.D.,FAAO

*Full Name

4th Supervisorial District

Date
20Dec07

Clinical Optometrist

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

California Registered Optometrist
valid until March 31, 2008 Renewal

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

Graduate of University of California School of Optometry
Fellow of American Academy of Optometry
Curently active in Color Vision Research

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

Chaieman- Board of Directors
Area Agency on Aging Serving Napa and Solano
Counties
P,O. Box 3069
Vallejo, CA 94590

Policy Settings and Oversight of the Area Agency on
Aging, serving Napa and Solano Counties

Community participation (nature of activity and community location):

Napa County Commission on Aging (current)
A current Representing Napa County Member to
Area Agency on Aging serving Napa and Solano Counties

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

Current member of Napa County Commission on Aging
Current Chaiaman on the Board of Directors
Area Agency on Aging
serving Napa and Solano Counties

* Denotes Mandatory Entry Required

APPLICATION FOR APPOINTMENT TO BOARDS, COMMISSIONS, COMMITTEES, OR TASK FORCE

Page 2 of 3

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

Napa County Commission on Aging

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

*Name

Brad Wagenknecht

*Address

*City

*State *Zip Code

*Telephone

*Name

Olive M. Jack, MD

*Address

*City

*State *Zip Code

*Telephone

*Name

Houghton Gifford, MD

*Address

*City

*State *Zip Code

*Telephone

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

Blanche L. Lee, Retired

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

Continuity of advocacy for the improvements of the well beings of the elder citizens in Napa County.

My personal and professional interests on improving the health status of elder citizens in Napa County.

APPLICATION FOR APPOINTMENT TO BOARDS, COMMISSIONS, COMMITTEES, OR TASK FORCE

Application for Appointment to (Name of Board, Commission, Committee or Task Force)
Napa County Commission on Aging

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, OD, FAAO

e-mail Address

none

*Home Address

*Work Address

*City

State

Zip Code

*City

State

Zip Code

*Telephone

Telephone