



**REPORT TO  
Personnel and Public Employees Committee  
City of Sacramento**

**915 I Street, Sacramento, CA 95814-2604  
www.cityofsacramento.org**

**Discussion Calendar  
June 15, 2010**

**Honorable Chair and Members of  
The Personnel and Public Employees Committee**

**Title: Review of Applications for Ethel MacLeod Hart Advisory Committee**

**Location/Council District: (Citywide)**

**Recommendation:** Review applications and nominate candidates.

**Contact:** Katia Ligaiviu, Deputy City Clerk, (916) 808-7604, Office of the City Clerk;  
Rosanne Bernardy, Recreation Superintendent, (916) 808-1590 Parks & Recreation  
Department,

**Presenters:** None

**Department:** City Clerk's Office / Parks & Recreation

**Division:** N/A

**Organization No:** 04001011 / 19001541

**Description/Analysis**

**Issue:** Review applications and/or conduct interviews to identify the most qualified candidates to nominate and forward to the Mayor for appointment.

**Policy Considerations:** None.


**Environmental Considerations:** None.

**Commission/Committee Action:** None.

**Rational for Recommendation:** To review applications to identify the most qualified individuals for nomination to the Mayor for appointment to the City's various advisory boards.

**Financial Considerations:** None.

**Emerging Small Business Development (ESBD):** None.

Respectfully Submitted by:  \_\_\_\_\_  
Katia Ligaiviu,  
Deputy City Clerk

Recommendation Approved:

  
\_\_\_\_\_  
Stephanie Mizuno,  
Assistant City Clerk

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**ATTACHMENT 1**

**Background:**

The following applicants are under consideration for positions on city boards and commissions.

<b>Board/Commission:</b>	Ethel MacLeod Hart Advisory Committee
<b>Available Positions:</b>	Three (3)
<b>Category Description(s):</b>	<b>Category C:</b> Public-at-large. All members must be at least sixty (60) years of age, residents of the City of Sacramento and reflective of the socioeconomic makeup of the older population
<b>Status of Incumbents:</b>	<b>Kathleen Lane, Peggy Roark and Diane Balter</b> – All eligible to re-apply and all applications attached

No.	Applicant Name	District	Category	Comments
1	Balter, Diane B.	3	C	Incumbent
2	Lane, Kathleen M.	5	C	Incumbent
3	Roark, Peggy	1	C	Incumbent





# City of Sacramento

RECEIVED  
CITY CLERK'S OFFICE  
CITY OF SACRAMENTO

## Application for

## Appointment to Boards/Commissions and Committees

2010 APR -8 A 8:33

**INSTRUCTIONS:** Provide all information requested; use blue or black ink; any attachments must be single sided on 8.5 x 11 paper. If you will be representing an organization, you must include a letter from the organization recommending you as their representative. Note: All information provided on this form is a public record. Return this completed application form to: Office of the City Clerk, Historic City Hall, 915 I Street, 1<sup>st</sup> Floor, Sacramento, CA 95814. Tel: (916) 808-7200.

**IMPORTANT:** Letters of recommendation are optional. If you choose to include a letter it must be submitted as part of this application. Letters will not be accepted after your application is filed with the City Clerk's Office.

BOARD / COMMISSION OR COMMITTEE NAME: Ethel MacLeod Hart Advisory Committee

CATEGORY FOR WHICH YOU ARE APPLYING: C Public at large - 60+ C  
Description Category Letter

- Name of Company/Organization Being Represented (if applicable): \_\_\_\_\_
- Company/Organization Authorization Letter Attached (if applicable to qualifications of category)

Applicant Name: Batter Diane Barbara E-Mail: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_ East Ranch Rd Sacramento CA 95825-6428  
Street # Street Name City State Zip

Mailing Address (if different than home address): \_\_\_\_\_  
Street # Street Name City State Zip

Resident of City Council District No: 3 Community Planning Area No.: 7 (Arden Arcade)  
Required If applicable

Home Telephone: 916- Business Telephone: N/A

Please state the reason you would like to be a member of this board/commission (or attach): I am currently a member and am becoming more informed about and interested in the Committee's areas of concern. Am familiar with City policies and practices; active user of Older Adult Services; former atty in City Attorney's Office working with Parks + Recreation (including Older Adult Services)

Are you currently, or have you in the past, served on an advisory group? Circle Yes/ No If yes, state the name of the group and how that service supports your application (or attach). Ethel MacLeod Hart Advisory Committee  
Current member; have served only partial term(s)

Do you, or an immediate family member, have any relationship (professional, financial, other) that may present a potential conflict of interest for this advisory group? Circle: Yes (No)

If yes, please explain: \_\_\_\_\_

SEE ATTACHED STATEMENT  
OF BACKGROUND AND INTEREST

CITY OF SACRAMENTO -  
APPLICATION FOR APPOINTMENT

Diane Barbara Balter  
APPLICANT NAME

**BACKGROUND INFORMATION**

You may also attach a resume reflecting experience, community activities or other qualifications not listed below that would be helpful to the Council in evaluating your application.

EDUCATION: AB Cum laude, Harvard University  
JD Stanford Law School

WORK EXPERIENCE: List names, addresses and dates of employment for the last five (5) years. Attach additional sheets of paper if needed.

**CURRENT EMPLOYER:**

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ EMPLOYER NAME: Retired

TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES: \_\_\_\_\_

**PRIOR EMPLOYER(S):**

FROM: MO 7 DAY \_\_\_ YR 1993 EMPLOYER NAME: Sacramento Public Library Authority

TO: MO 5 DAY \_\_\_ YR 2009 ADDRESS: 828 I Street, Sacramento 95814  
Street # Street Name City State

DUTIES: Authority Counsel - provided legal advice

FROM: MO \_\_\_ DAY \_\_\_ YR 1989 EMPLOYER NAME: Sacramento Transportation Authority

TO: MO \_\_\_ DAY \_\_\_ YR 2008 ADDRESS: 431 I Street, SAC 95814  
Street # Street Name City State

DUTIES: Authority Counsel

FROM: MO \_\_\_ DAY \_\_\_ YR 1981 EMPLOYER NAME: City of Sacramento

TO: MO \_\_\_ DAY \_\_\_ YR 2004 ADDRESS: 915 I Street SAC 95814  
Street # Street Name City State

DUTIES: Senior Deputy City Attorney

BUSINESS ENTERPRISES: List business name including fictitious name and address of any business enterprises currently or previously owned or operated.

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ BUSINESS NAME: N/A

TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

TYPE OF BUSINESS OR SERVICE RENDERED: \_\_\_\_\_

CITY OF SACRAMENTO -  
APPLICATION FOR APPOINTMENT

Diane Barbara Balter  
APPLICANT NAME

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ BUSINESS NAME: \_\_\_\_\_

TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

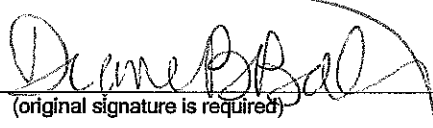
TYPE OF BUSINESS OR SERVICE RENDERED: \_\_\_\_\_

**FELONY CONVICTIONS:** A felony conviction is not necessarily a bar to appointment. Each case is considered separately based on requirements of the position. However, failure to list felony convictions may result in disqualification.

Have you ever been convicted of a felony? If yes, please indicate for each conviction, the date of the conviction, the location of the court of conviction, and the exact denomination of the offense resulting in conviction: NO

**CIVIL ACTIONS:** List each civil action, if any, in which punitive or exemplary damages have been assessed against you, indicating in each instance the date of the trial, court judgment and the location of the court which rendered the judgment: NONE

I DECLARE, UNDER PENALTY OF PERJURY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

Signature:   
(original signature is required)

Date: 4/3/2010

**DISCLOSURE AND REGULATORY REQUIREMENTS**

**City Code Section 2.40.060: Conflict of Interest Disclosure** - If a Statement of Economic Interests Form 700 is required for this position (see announcement), the form must be filed with the Office of the City Clerk prior to beginning service. The City Clerk will provide appointees with the filing form and instructions. Official status to serve will be delayed until the form is filed with the Office of the City Clerk.

**City Code Section 2.40.010: Attendance** - Board/commission members are required to attend meetings on a regular basis, and may be removed if a member does not attend three consecutive regularly scheduled meetings. If appointed, will you be able to attend meetings regularly and devote the time necessary to fulfill your duties as a member? Circle: Yes / No

**City Resolution 2007-653: Mandatory Ethics Training** - Board/commission members are required to satisfy the local ethics training requirement mandated by Government Code Sections 53234 et seq. and may be removed if proof of attendance is not filed with the Office of the City Clerk within 60 days of appointment. Appointees will be provided with an on-line training resource. If appointed, will you be able to complete the training within 60 days? Circle: Yes / No

**ACCOMMODATION INFORMATION**

PLEASE IDENTIFY ANY SPECIALIZED ACCOMMODATIONS NEEDED FOR EQUAL PARTICIPATION: \_\_\_\_\_

## STATEMENT OF BACKGROUND AND INTEREST

Applicant: Diane Barbara Balter

Objective: Appointment to Ethel MacLeod Hart Advisory Committee

### Pertinent Personal Information

- Resident of the City of Sacramento since 1989
- Baby boomer who turned 60 in 2006
- Mother in her 90s lived with me 2004 – 2009 in City of Sacramento
- Familiar with senior issues from both the younger and older perspective
- Have participated individually and with mother in many senior activities at Hart Senior Center and other City facilities, including exercise classes, bridge playing, Senior Olympics, and more
- Knowledgeable about senior issues

### Pertinent Professional Information

- Provided legal advice to City of Sacramento Department of Parks and Recreation from 1982 – 2004; familiar with Department practices
- Assisted Department of Parks and Recreation staff to accept and adopt procedures relating to the Ethel MacLeod Hart bequest
- Familiar with laws and protocols applicable to City boards and commissions
- Understand the procedures used by the City of Sacramento to plan and complete projects





# City of Sacramento

RECEIVED  
CITY CLERK'S OFFICE  
CITY OF SACRAMENTO

Application for

Appointment to Boards/Commissions and Committees

2010 APR 16 P 2:09

**INSTRUCTIONS:** Provide all information requested; use blue or black ink; any attachments must be single sided on 8.5 x 11 paper. If you will be representing an organization, you must include a letter from the organization recommending you as their representative. Note: All information provided on this form is a public record. Return this completed application form to: Office of the City Clerk, Historic City Hall, 915 I Street, 1<sup>st</sup> Floor, Sacramento, CA 95814. Tel: (916) 808-7200.

**IMPORTANT:** Letters of recommendation are optional. If you choose to include a letter it must be submitted as part of this application. Letters will not be accepted after your application is filed with the City Clerk's Office.

BOARD / COMMISSION OR COMMITTEE NAME: Ethel Macleod Hart Advisory Committee

CATEGORY FOR WHICH YOU ARE APPLYING: Member at Large  
Description Category Letter

Name of Company/Organization Being Represented (if applicable): OWL (Older Womens League)  
 Company/Organization Authorization Letter Attached (if applicable to qualifications of category)

Applicant Name: Len Kathleen M E-Mail: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_ 876 Ave Sacramento CA 95818  
Street # Street Name City State Zip

Mailing Address (if different than home address): \_\_\_\_\_  
Street # Street Name City State Zip

Resident of City Council District No: 5 Community Planning Area No.: \_\_\_\_\_  
District If applicable

Home Telephone: (916) \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Please state the reason you would like to be a member of this board/commission (or attach): I filled an Interim position from Aug. '09 to May 2010. I would like to continue in this position as I am interested in the needs of Older People.

Are you currently, or have you in the past, served on an advisory group? Circle: Yes / No If yes, state the name of the group and how that service supports your application (or attach).

Ethel Macleod Hart Advisory Comm.

Do you, or an immediate family member, have any relationship (professional, financial, other) that may present a potential conflict of interest for this advisory group? Circle: Yes / No

If yes, please explain: \_\_\_\_\_

CITY OF SACRAMENTO -  
APPLICATION FOR APPOINTMENT

Kathleen Lane  
APPLICANT NAME

BACKGROUND INFORMATION

Resume attached

You may also attach a resume reflecting experience, community activities or other qualifications not listed below that would be helpful to the Council in evaluating your application.

EDUCATION: \_\_\_\_\_  
\_\_\_\_\_

WORK EXPERIENCE: List names, addresses and dates of employment for the last five (5) years. Attach additional sheets of paper if needed.

CURRENT EMPLOYER:

FROM: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ EMPLOYER NAME: \_\_\_\_\_

TO: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES: \_\_\_\_\_  
\_\_\_\_\_

PRIOR EMPLOYER(S):

FROM: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ EMPLOYER NAME: \_\_\_\_\_

TO: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES: \_\_\_\_\_  
\_\_\_\_\_

FROM: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ EMPLOYER NAME: \_\_\_\_\_

TO: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES: \_\_\_\_\_  
\_\_\_\_\_

FROM: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ EMPLOYER NAME: \_\_\_\_\_

TO: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES: \_\_\_\_\_  
\_\_\_\_\_

BUSINESS ENTERPRISES: List business name including fictitious name and address of any business enterprises currently or previously owned or operated.

FROM: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ BUSINESS NAME: \_\_\_\_\_

TO: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

TYPE OF BUSINESS OR SERVICE RENDERED: \_\_\_\_\_  
\_\_\_\_\_

CITY OF SACRAMENTO -  
APPLICATION FOR APPOINTMENT

APPLICANT NAME \_\_\_\_\_

FROM: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ BUSINESS NAME: \_\_\_\_\_

TO: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

TYPE OF BUSINESS OR SERVICE RENDERED: \_\_\_\_\_

**FELONY CONVICTIONS:** A felony conviction is not necessarily a bar to appointment. Each case is considered separately based on requirements of the position. However, failure to list felony convictions may result in disqualification.

Have you ever been convicted of a felony? If yes, please indicate for each conviction, the date of the conviction, the location of the court of conviction, and the exact denomination of the offense resulting in conviction: \_\_\_\_\_

**CIVIL ACTIONS:** List each civil action, if any, in which punitive or exemplary damages have been assessed against you, indicating in each instance the date of the trial, court judgment and the location of the court which rendered the judgment: \_\_\_\_\_

I DECLARE, UNDER PENALTY OF PERJURY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

Signature: *Kathleen M. Lane* Date: April 15, 2010  
(original signature is required)

**DISCLOSURE AND REGULATORY REQUIREMENTS**

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**City Resolution 2007-653: Mandatory Ethics Training** - Board/commission members are required to satisfy the local ethics training requirement mandated by Government Code Sections 53234 et seq. and may be removed if proof of attendance is not filed with the Office of the City Clerk within 60 days of appointment. Appointees will be provided with an on-line training resource. If appointed, will you be able to complete the training within 60 days? Circle: Yes / No

**ACCOMMODATION INFORMATION**

PLEASE IDENTIFY ANY SPECIALIZED ACCOMMODATIONS NEEDED FOR EQUAL PARTICIPATION: \_\_\_\_\_

## RESUME'

Kathleen Lane

Sacramento, CA 95818

Telephone (916)

### EDUCATION:

- Marylhurst College, Marylhurst, OR -- B.S. -- 1949
- Loyola University School of Social Work, Chicago, ILL. 1955-57 -- Master of Social Work Degree
- Center for Training in Community Psychiatry, Berkeley, CA, 1964-65 and 1970-71; Consultation, Community Organization and Crisis Intervention for Children and Youth
- Duquesne University, Pittsburgh, PA: Masters Program in Special Education,.. Spring Semester 1976.
- Ongoing Continuing Education for Licensure -- 36 hours bi-annually

### STATE LICENSE:

- Licensed Clinical Social Worker, #914
- Marriage and Family Therapist, #396 (Inactive)

### PROFESSIONAL ORGANZATIONS:

- Society for Clinical Social Work  
Board Certified Diplomate by American Board of Examiners in Clinical Social Work (Emeritus)
- National Association of Social Workers:  
Diplomate in Clinical Social  
Academy of Certified Social Workers

## EXPERIENCE

Kaiser-Permanente Dept. of Psychiatry, Sacramento, CA - May 1976 - March 1995

- Therapist in Psychiatric Outpatient Clinic. Medical consultation of request.
- Provided family, individual and group therapy for children, adolescents and adults
- Special interest in Step Families, Womens Groups and work with children

California Youth Authority - Reception Center, Sacramento, CA. Intermittent employment from 1973 to 1978.

- Diagnostic Clinic for delinquent youth.

Private Practice: Sacramento, CA

- Associated with Psychiatrist in Outpatient work - 1962-1975
- Nursing Home Consultation
- Volunteer Work at YMCA

Easter Seal Society for Crippled Children and Adults: Beaver, PA Sept. 1975 - May 1976

- Social Services in Multi-disciplinary Facility

Family Service Walk-in Center Dec. 1971 to June 1972 Sacramento, CA

- Short term treatment for children and families.
- Consultation with Community Aides
- Supervision of undergraduate student

Eskaton American River Health Care Center Carmichael, CA June 1970 - Dec. 1972

- Developing Mental Health Center
- Treatment, supervision and consultation for Inpatient, Outpatient and Day Care

Childrens Home Society - Sacramento, CA Jan. 1967 to June 1970

- Field Representative in private adoption agency; Counseling with Natural Parents, evaluation of adoptive applicants and follow-up placement of children
- Field Instructor for 1<sup>st</sup> and 2<sup>nd</sup> year Graduate Students

Sacramento State Mental Hygiene Clinic: Feb. 1962 to Jan. 1967

- Outpatient services for the mentally disabled; family, group and individual sessions
- Consultation to non-psychiatric agencies
- Pre-screening and After Care for State Hospital Patients

Jewish Family and Childrens Services: Portland, OR - March 1961 to Feb. 1962

- Family counseling which included a Nursery School, the students and their Parents

-----University of Oregon Medical School, Portland, OR - June 1958 to Jan. 1950-----

- Pilot Study to determine the causes of neurological disturbances in children
- Interviewed expectant Mothers for medical-social history and current functioning.

Catholic Services for Children, Portland, OR - August 1957 to June 1958

- Placement of children in foster care, counseling with them, their Parents and Foster Parents

Oregon State Public Welfare Commission: Feb. 1950 to Sept. 1955 and Jan 1959 to Feb. 1961 (\*)

- Delivering services in Aid programs and child welfare Mostly in rural areas
- Administrator of County Welfare Program in rural area.
- (\*) Child Welfare Worker in Metropolitan area . Home Studies for foster and adoptive families and placement of children in foster homes with counseling for them, their families and foster parents

Chicago Municipal Tuberculosis Sanitarium, Chicago, Ill. Summer employment while attending Graduate School - June to Sept, 1956

- Intake Caseworker doing concrete services and referrals.

### POST RETIREMENT

- Private Contractor, Ignatian Institute for Family Life, Sacramento, CA, - 5/96 to 5/99. Counseling with Individuals, families and children
- Consultation: Sacramento Life Center - Temp. Assignment '98

#### Volunteer Activities

- Red Cross - Mental Health Team. Consultant in local disaster events
- Handicapables Board Member and Driver since 1972
- Social Work Consultant to Sacramento Food Bank
- Tutoring in after school program at St. Francis Manor
- Loaves and Fishes Volunteer
- Church related activities: Teaching, social events

Leisure Activities: Travel, Exercise, piano or other musical and theatre events



# City of Sacramento

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CITY CLERK'S OFFICE  
CITY OF SACRAMENTO

Application for

RECEIVED  
CITY CLERK'S OFFICE  
CITY OF SACRAMENTO

Appointment to Boards/Commissions and Committees

2010 APR 33 A 8:10

2008 OCT 20 A 11:20

**INSTRUCTIONS:** Provide all information requested; use blue or black ink; any attachments must be single sided on 8.5 x 11 paper. If you will be representing an organization, you must include a letter from the organization recommending you as their representative. Note: All information provided on this form is a public record. Return this completed application form to: Office of the City Clerk, Historic City Hall, 915 I Street, 1<sup>st</sup> Floor, Sacramento, CA 95814. Tel: (916) 808-7200.

**IMPORTANT:** Letters of recommendation are optional. If you choose to include a letter it must be submitted as part of this application. Letters will not be accepted after your application is filed with the City Clerk's Office.

BOARD / COMMISSION OR COMMITTEE NAME: Ethel MacLead Hurt Advisory Committee  
CATEGORY FOR WHICH YOU ARE APPLYING: Public-at-large C  
Description Category Letter

- Name of Company/Organization Being Represented (if applicable): \_\_\_\_\_
- Company/Organization Authorization Letter Attached (if applicable to qualifications of category)

Applicant Name: Peggy Roark \_\_\_\_\_  
Last First Middle  
Home Address: Bridgeway Sacramento CA 95833  
Street # Street Name City State Zip  
Mailing Address (if different than home address): Same as above  
Street # Street Name City State Zip  
Resident of City Council District No: 1 Community Planning Area No.: \_\_\_\_\_  
If applicable  
Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Please state the reason you would like to be a member of this board/commission (or attach): I have always been an active member of my community and worked on several aging issues in my job capacities. Last year I was in a Costa Sinfonia car accident and am now confined to a wheelchair, which has added a whole new perspective to the needs of aging adults with disabilities.

Are you currently, or have you in the past, served on an advisory group? Circle: Yes  No  If yes, state the name of the group and how that service supports your application (or attach).

Do you, or an immediate family member, have any relationship (professional, financial, other) that may present a potential conflict of interest for this advisory group? Circle: Yes  No

If yes, please explain: \_\_\_\_\_

**BACKGROUND INFORMATION**

You may also attach a resume reflecting experience, community activities or other qualifications not listed below that would be helpful to the Council in evaluating your application.

EDUCATION: Mt. Holyoke  
BA/MA - History, University of Chicago  
& PhD

WORK EXPERIENCE: List names, addresses and dates of employment for the last five (5) years. Attach additional sheets of paper if needed.

**CURRENT EMPLOYER:**

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ EMPLOYER NAME: Retired  
TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES: \_\_\_\_\_

**PRIOR EMPLOYER(S):**

FROM: MO 6 DAY 1 YR 00 EMPLOYER NAME: Community Services Planning Council  
TO: MO 8 DAY 1 YR 06 ADDRESS: 909 12th Street, Sac, Ca 95814  
Street # Street Name City State

DUTIES: Senior Program Manager for the Sacramento  
Hunger Commission - Staff to advisory board on nutrition

FROM: MO 1 DAY 1 YR 95 EMPLOYER NAME: Freedom From Hunger  
TO: MO 7 DAY 1 YR 00 ADDRESS: 1144 Da Vinci Ct. Davis, Ca 95618  
Street # Street Name City State

DUTIES: Worked in Africa integrating microfinance with education  
to promote small businesses owned by African women

FROM: MO 2 DAY 1 YR 90 EMPLOYER NAME: Community Services Planning Council  
TO: MO 12 DAY 1 YR 94 ADDRESS: 909 12th St. Sac, Ca  
Street # Street Name City State

DUTIES: Provided staff support to the Sacramento County  
Adult & Aging Commission

BUSINESS ENTERPRISES: List business name including fictitious name and address of any business enterprises currently or previously owned or operated.

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ BUSINESS NAME: None  
TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

TYPE OF BUSINESS OR SERVICE RENDERED: \_\_\_\_\_



CITY OF SACRAMENTO -  
APPLICATION FOR APPOINTMENT

Peggy Roark  
APPLICANT NAME

FROM: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ BUSINESS NAME: \_\_\_\_\_

TO: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

TYPE OF BUSINESS OR SERVICE RENDERED: \_\_\_\_\_

FELONY CONVICTIONS: A felony conviction is not necessarily a bar to appointment. Each case is considered separately based on requirements of the position. However, failure to list felony convictions may result in disqualification.

Have you ever been convicted of a felony? If yes, please indicate for each conviction, the date of the conviction, the location of the court of conviction, and the exact denomination of the offense resulting in conviction: \_\_\_\_\_

no

CIVIL ACTIONS: List each civil action, if any, in which punitive or exemplary damages have been assessed against you, indicating in each instance the date of the trial, court judgment and the location of the court which rendered the judgment: \_\_\_\_\_

no

I DECLARE, UNDER PENALTY OF PERJURY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

Signature: X Peggy cannot write her signature as she is quadriplegic  
(original signature is required)

Barbara L. Brown, POA for  
Date: 10/14/08

Proxy  
[Signature]

Peggy L. Roark 4/29/2010

DISCLOSURE AND REGULATORY REQUIREMENTS

City Code Section 2.40.060: Conflict of Interest Disclosure - If a Statement of Economic Interests Form 700 is required for this position (see announcement), the form must be filed with the Office of the City Clerk prior to beginning service. The City Clerk will provide appointees with the filing form and instructions. Official status to serve will be delayed until the form is filed with the Office of the City Clerk.

City Code Section 2.40.010: Attendance - Board/commission members are required to attend meetings on a regular basis, and may be removed if a member does not attend three consecutive regularly scheduled meetings. If appointed, will you be able to attend meetings regularly and devote the time necessary to fulfill your duties as a member? Circle: Yes / No

City Resolution 2007-653: Mandatory Ethics Training - Board/commission members are required to satisfy the local ethics training requirement mandated by Government Code Sections 53234 et seq. and may be removed if proof of attendance is not filed with the Office of the City Clerk within 60 days of appointment. Appointees will be provided with an on-line training resource. If appointed, will you be able to complete the training within 60 days? Circle: Yes / No

ACCOMMODATION INFORMATION

PLEASE IDENTIFY ANY SPECIALIZED ACCOMMODATIONS NEEDED FOR EQUAL PARTICIPATION: meetings located in a wheel chair accessible building