

	Approved	Denied
Date Action Taken:	11/27/04	
Other:		
Ω		
Verified by:	(

WASILLA CITY COUNCIL ACTION MEMORANDUM

AM No. 06-62

TITLE:

CONFIRMATION OF HOWARD O'NEIL, JESSIE ELKINS, AND STAN TUCKER TO THE PLANNING COMMISSION; DAVE TUTTLE TO THE PARKS AND RECREATION COMMISSION; AND BRIAN CARRICABURU, SHERMAN "BILL" BEAR AND RAY BLOCK TO THE AIRPORT ADVISORY COMMISSION.

Agenda of: November 27, 2006

Originator: Mayor Keller

Date: November 13, 2006

Route to:	Department		Signa	ture/Date
X	Deputy Administrator Planning, Economic Development, Human Resources		I. Haule	11-14-06
Х	City Clerk	(1 From He	

REVIEWED BY MAYOR DIANNE M. K	ELLER: 1 80	inne M. Veller
FISCAL IMPACT: yes\$Account name/number:	<i>or</i> no	Funds Available 🗌 yes 🔲 no
Attachments: Applications of Commission	oners to be con	firmed by Council
CLIBARA A DV CT A TERACAT.		

SUMMARY STATEMENT:

Mayor Keller requests to appoint the following Commissioners to the Commissions. Please confirm Mayor Keller's appointments pursuant to Wasilla Municipal Code 2.44.030 as follows:

PLANNING COMMISSION:

- ➤ Howard O'Neil, Seat C (two-year term to expire December 31, 2008)
- > Jessie Elkins, Seat D (three-year term to expire December 31, 2009)
- > Stan Tucker, Seat E (three-year term to expire December 31, 2009)

PARKS AND RECREATION COMMISSION:

➤ Dave Tuttle, Seat B (three-year term to expire December 31, 2009)

AIRPORT ADVISORY COMMISSION

- ➤ Brian Carricaburu, Seat B (one-year term to expire December 31, 2007)
- > Sherman "Bill" Bear, Seat C (three-year term to expire December 31, 2009)
- > Ray Block, Seat D (three-year term to expire December 31, 2009)

RECOMMENDED ACTION: To confirm the appointments by Mayor Keller as stated above.



OFFICE OF THE CITY CLERK CITY OF WASILLA 290 E. HERNING AVE. WASILLA, AK 99654-7091 PHONE: (907) 373-9090

FAX: (907) 373-9092

APPLICATION FOR APPOINTMENT TO COMMISSIONS

POSITION APPLYING FOR (select from one or more of the following): Airport Advisory Commission (no residency requirement) Planning Commission (City of Wasilla residents only) Parks and Recreation Commission (City of Wasilla residents only)
NAME: Howard O'Neil
MAILING ADDRESS: P.O. Box 871771 WASILLA, ALASKA 99687
RESIDENCE ADDRESS: 625 Arnold Palmer st. Wasilla, Alaska 996
HOME PHONE: 907 376-5707 WORK PHONE: SAME
CELL PHONE: E-MAIL: Oneil @ mtaonline NET
OCCUPATION: Automotive Repair
EMPLOYER: Self
• Do you reside within Wasilla City limits? Yes ♥ or No ☐ If so, for how long? 12 years
• Do you currently own or operate a business in the City of Wasilla? If so, what is the name and physical location of the business? O'Neils Automotive - 625 Arnold Palmer St.
 Does your schedule permit you to regularly attend required meetings: Yes ✓ or No
 Are you currently affiliated with the City of Wasilla in any way? (examples include: contractor, lease holder, employee) if so, please note the capacity:
• Do you currently have a direct or indirect financial or business interest with the City of Wasilla? If so, please note:
 Please provide a one-page resume to include education and experience that would enhance board membership.

54

information and the mer published in a newspape: I have read Sect and substantial financial	ions 2.12.005 and 2.12.010 of the Wasilla Municipal Code defining financial interest and establishing the Civil and actual interest and establishing the Civil and Civ
compliance.	nformation in this application is true and accurate. licant: Toward Offee Date: November 14,2006
I certify that the i Signature of Appl Date Received:	nformation in this application is true and accurate. licant: Howard Office Date: November 14, 2006
I certify that the i Signature of Appl Date Received:	nformation in this application is true and accurate. licant: November 14, 2006 FOR OFFICE USE ONLY
I certify that the i Signature of Appl Date Received:	Information in this application is true and accurate. Date: November 14, 2006 FOR OFFICE USE ONLY Registered voter of the City:
I certify that the i Signature of Appl Date Received:	FOR OFFICE USE ONLY Registered voter of the City:
I certify that the i Signature of Appl Date Received:	Information in this application is true and accurate. Date: November 14, 2006
compliance.	Ilicant:

Howard O'Neil

Objective

To obtain a position on the Wasilla Planning Commission.

Qualifications

1994-Present O'Neil's Automotive Repair

lepair Wasilla, Alaska

Business Owner

2000-2006 City of Wasilia

Wasilla, Alaska

City Council Member and Deputy Mayor

1996-2000 City of Wasilla City Planning Commissioner

Wasilla, Alaska

Education

K to 12

California School System

California

Memberships

NRA Lifetime Member

References

Steve Menard

376-2021

Marty Metiva

376-6874

Mark Ewing

373-2217

Ron Cox

373-5401



Revised: October 12, 2005

Office of the City Clerk City of Wasilla 290 E. Herning Ave. Wasilla, AK 99654-7091 Phone: (907) 373-9090 Fax: (907) 373-9092

RECEIVED

NOV 06 2006

CLERA - OFFICE

Page 1 of 2

APPLICATION FOR APPOINTMENT TO COMMISSIONS

POSITION APPLYING FOR (select from one or more of the following):
Airport Advisory Commission (no residency requirement)
Planning Commission (City of Wasilla residents only)
Parks and Recreation Commission (City of Wasilla residents only)
Toso i'c
NAME: Jessie Laub-Elkins
MAILING ADDRESS: 1/01 E North Star Cir 99654
RESIDENCE ADDRESS: 101 E North Star O.C
HOME PHONE: 907 - 376-708 WORK PHONE: 232 2629
CELL PHONE: 232 2629 E-MAIL: JM LLUB @ MTQ ON line, NE
OCCUPATION: School bus driver
EMPLOYER: Laidlaw
Do you reside within Wasilla City limits? Yes X or No
• Do you currently own or operate a business in the City of Wasilla? If so, what is the name and physical
 Does your schedule permit you to regularly attend required meetings: Yes X or No
• Are you currently affiliated with the City of Wasilla in any way? (examples include: contractor, lease holder, employee) if so, please note the capacity: 2\anning Commissioner
• Do you currently have a direct or indirect financial or business interest with the City of Wasilla? If so, please note:
 Please provide a one-page resume to include education and experience that would enhance board
Return completed application to the City Clerk.

I'm a thi	ns, and due process that would qualify you for this position. (Please use a separat	
- nave	Spent byears on the Mat-so	
Borough P	latting Broad, and two terms on Planning Commission. I enjoy	-
growth.	ived in our community and it's full wre	2
	s is a voluntary, appointed position to be confirmed by the Wasilla City Council, endance at official meetings. I further understand that this application is public my appointment be discussed at a public meeting. In addition, my name may be ther media outlet.	
I have read Sections and substantial financial interwith the City's Conflict of I compliance.	2.12.005 and 2.12.010 of the Wasilla Municipal Code defining financial interest est and establishing the City's policy on Conflict of Interest. I agree to comply Interest policy and understand that my tenure as Commissioner requires such	
I certify that the infom Signature of Applicant	June Jane Date: Nov 16 06	
Date Received:	FOR OFFICE USE ONLY	
(dale slamp below)	Registered voter of the City: yesno	
	Date of Council Approval: AM No.:	
RECEIVE	Date Applicant Notified:	
RECEIVED	Resume Attached: yes no	
NOV 06 2006 CLERK AFICE CITY OF WASILLA	APOC Financial Disclosure Statement (check one): Altached: On File: N/A:	



Office of the City Clerk City of Wasilla 290 E. Herning Ave. Wasilla, AK 99654-7091 Phone: (907) 373-9090

FAX: (907) 373-9092

APPLICATION FOR APPOINTMENT TO COMMISSIONS

POSITION APPLYING FOR (1) 100
POSITION APPLYING FOR (select from one or more of the following):
- Post Advisory Commission (no residence
randing Commission (City of Wasilla residents)
City of Wasilla residents only)
NAME: Stan Tucker
MAILING ADDRESS: 1001 Dellword Was, 1/2 99654
3 d'me
HOME PHONE: 373-7139 WORK PHONE: 373-3454
OCCUPATION: Partan
EMPLOYER: Pilgrims Baptist Church
Do you reside within Wasilla City limits? Yes or No If so, for how long?
• Do you currently own or operate a business in the or
• Do you currently own or operate a business in the City of Wasilla? If so, what is the name and physical
Does your schedule permit you to regularly attend required meetings: Yes ✓ or ☐ No
• Are you currently affiliated with the City of the ci
 Are you currently affiliated with the City of Wasilla in any way? (examples include: contractor, lease holder, employee) if so, please note the capacity:
Do you currently have a direct or indirect 6.
Do you currently have a direct or indirect financial or business interest with the City of Wasilla? If so, please note:
 Please provide a one-page resume to include education and experience that would enhance board
Return completed application to the City Clerk.
exised: October 12, 2005

Page 1 of 2

	convice a +f
	service on theplenning commission
A CONTRACTOR OF THE CONTRACTOR	
l understand that t	his is a voluntary, appointed position to be confirmed by the Wasilla City Council,
d requires my regular a	attendance at official meetings. I further understand that this application is public
formation and the merits	of my appointment be discussed at a public meeting. In addition, my name may be
blished in a newspaper or	r other media outlet.
o soosiamiai imanciai m	ns 2.12.005 and 2.12.010 of the Wasilla Municipal Code defining financial interest atterest and establishing the City's policy on Conflict of Interest. I agree to comply of Interest policy and understand that my tenure as Commissioner requires such
I certify that the info	ormation in this application is true and accurate.
	A
Signature of Applica	ant: Han Jucker Date: 10/31/06
APARTA A	
ale Received:	FOR OFFICE USE ONLY
	Projeton durates (A) City d
	Registered voter of the City: no
ate slamp below)	Registered voter of the City: no Date of Council Approval: AM No.: Date Applicant Notified:
ate slamp below)	Registered voter of the City: yes no Date of Council Approval: AM No.: Date Applicant Notified:
ale slamp below)	Registered voter of the City: no Date of Council Approval: AM No.: Date Applicant Notified: yes no
ale slamp below)	Registered voter of the City: no Date of Council Approval: AM No.: Date Applicant Notified: yes no
ale slamp below)	Registered voter of the City:
50T 0 \$ 200	Registered voter of the City: no Date of Council Approval: AM No.: Date Applicant Notified: yes no

Jamie Newman Deputy Clerk City of Wasilia 290 Herning Ave. Wasilia, AK 99654

Dear Ms. Newman,

I am writing to advise you of my interest in serving on the Wasilla Planning Commission for another three years. I have served in pastoral ministries for over twenty-five years (since 1981, here in Alaska) which gives me some experience in dealing with people. Below I have listed my educational training and community services.

EDUCATION

1965-1970 B.S. Geological Engineering, University of Idaho 1970-1973 M. Div. Temple Baptist Theological Seminary 1975-1978 Ph.D. Bob Jones University

COMMUNITY SERVICE (the dates listed are to the best of my memory)

1998-2001, Association Board, Valley Hospital Association

2000-2003, Operating Board, Valley Hospital Association

1998-1999, Assemblyman, Mat-Su Borough

1999-present, Commissioner, Wasilla Planning Commission

2003-present, Treasurer, Valley Pastors Prayer Network

2003-present, Faith Based Community Initiative Task Force

2004, Board of Trustees Mat-Su Valley Medical Center, LLC

2005-present, President of Valley Pastor's Prayer Network

I believe I could be an asset to the Wasilla Planning Commission. My experience in serving on boards would be helpful in working with others and in being able to relate to the development of our City.

Thank you for your consideration,

Yours truly,

Stan Tucker Galatians 6:9



OFFICE OF THE CITY CLERK CITY OF WASILLA 290 E. HERNING AVE. WASILLA, AK 99654-7091 PHONE: (907) 373-9090

FAX: (907) 373-9092

APPLICATION FOR APPOINTMENT TO COMMISSIONS

POSITION APPLYING FOR (select from one or more of the following): Airport Advisory Commission (no residency requirement) Planning Commission (City of Wasilla residents only) Parks and Recreation Commission (City of Wasilla residents only)
NAME: "DAVID L. TUTRE
MAILING ADDRESS: 1764 LAKE LUCILLE DE
RESIDENCE ADDRESS: SAME
HOME PHONE: (407) 376-4739 WORK PHONE: (407) 376-5588
CELL PHONE: (GOT) 354 - 8400 E-MAIL: tottlew with online, net
OCCUPATION: INSURANCE SALES
EMPLOYER: SELF
• Do you reside within Wasilla City limits? Yes or No lf so, for how long? 12465
• Do you currently own or operate a business in the City of Wasilla? If so, what is the name and physical location of the business? 124 LAKE LUCILLE DR
Does your schedule permit you to regularly attend required meetings: Yes ⚠ or ☐ No
 Are you currently affiliated with the City of Wasilla in any way? (examples include: contractor, lease holder, employee) if so, please note the capacity: No
 Do you currently have a direct or indirect financial or business interest with the City of Wasilla? If so, please note:
 Please provide a one-page resume to include education and experience that would enhance board membership.
Return completed application to the City Clark

Return completed application to the City Clerk.

land use regulations sheet if necessary.)	s, and due process that would qualify you for this position. (Please use a separ	d a
I have some	SIX YEARS AS A MEMBER of The PARKS !	
Recreation cor	umission. Inact spent over two years on	
the WASILLA A	NULTI-USE Sports complex steering committee) •
_	he design committee and the efforts to bring	
the complex to	reality.	
and requires my regular atte information and the merits o published in a newspaper or o I have read Sections	2.12.005 and 2.12.010 of the Wasilla Municipal Code defining financial intere	be
with the City's Conflict of compliance.	rest and establishing the City's policy on Conflict of Interest. I agree to compl Interest policy and understand that my tenure as Commissioner requires suc	y :h
I certify that the infor	mation in this application is true and accurate.	
Signature of Applican	Waird X. Drittle Date: 10/30/2006	
Date Received:	FOR OFFICE USE ONLY]
(date slamp below)	. /	
TILED	Date of Council Approval: AM No.:	
ECE, and	Date Applicant Notified:	
OCT 3 1 LOFFICE	Resume Attached: yes no	
RECEIVED OCT 3 1 2006 CLERKS WASHLA	APOC Financial Disclosure Statement (check one): Attached: On File: N/A:	

To Whom It May Concern:

I have served on the Parks and Recreation Commission for the last six years. I am a fifty-three year resident of Alaska living in Anchorage for thirty-one years and the valley the last twenty-two years. The last twelve years I have also been a Wasilla city resident. I have served on several boards and councils throughout the community; I was a member of the Wasilla Sports Complex steering committee and then the complex design committee.

I have been a coach for Little League for five years, also have been the Cub master for local cub scout pack 358 for two years.

I believe that we are working to bring more and useable process to the residents of Wasilla to enrich and enhance the quality of life.

I am a firm believer that we can accomplish these formidable tasks and projects with hard work and dedication to the purpose.

I would like to continue my efforts with the commission.

Dave Tuttle 1764 Lake Lucille Dr Wasilla, Alaska 99654 907-376-4739



OFFICE OF THE CITY CLERK CITY OF WASILLA 290 E. HERNING AVE. WASILLA, AK 99654-7091 PHONE: (907) 373-9090

Fax: (907) 373-9092

RECEIVED

NOV 02 2006

CLERK'S OFFICE CITY OF WASILLA

APPLICATION FOR APPOINTMENT TO COMMISSIONS

POSITION APPLYING FOR (select from one or more of the following):
Airport Advisory Commission (no residency requirement)
Planning Commission (City of Wasilla residents only)
Parks and Recreation Commission (City of Wasilla residents only)
NAME: BRYAN CARRICABURU
MAILING ADDRESS: 1300 WOODGREST DR, WASILLA, AC, 9965
RESIDENCE ADDRESS: SAMK
HOME PHONE: 907 376- 7290 WORK PHONE: 907 242-486/
CELL PHONE: WORLD PH E-MAIL: JBC & G-C 1. NET
OCCUPATION: DIRECTOR OF FLIGHT PERSONNEL/CHIEF PILOT
EMPLOYER: PRNAIR INC.
• Do you reside within Wasilla City limits? Yes Dor No If so, for how long? 26 YAS
• Do you currently own or operate a business in the City of Wasilla? If so, what is the name and physical location of the business?
Does your schedule permit you to regularly attend required meetings: Yes
• Are you currently affiliated with the City of Wasilla in any way? (examples include: contractor, lease holder, employee) if so, please note the capacity:
• Do you currently have a direct or indirect financial or business interest with the City of Wasilla? If so, please note: HANGAR, WASILLA AIRIORT
 Please provide a one-page resume to include education and experience that would enhance board membership.

Return completed application to the City Clerk.

	агу.)

7 34 35 35	
1151	
l understand tha	at this is a voluntary, appointed position to be confirmed by the Wasilla City Council
and requires my regula	r attendance at official meetings. I further understand that this application is public
nnormation and the med published in a newspape	rits of my appointment be discussed at a public meeting. In addition, my name may be
•	
I have read Sect	tions 2.12.005 and 2.12.010 of the Wasilla Municipal Code defining financial interest
and substantial financial	interest and establishing the City's policy and Co. City's policy
with the City's Conflic	Ductest and establishing the City's policy on Conflict of 3.4.
with the City's Conflic	interest and establishing the City's policy on Conflict of Interest. I agree to comply t of Interest policy and understand that my tenure as Commissioner requires such
with the City's Conflic	Ductest and establishing the City's policy on Conflict of 3.4.
with the City's Conflic compliance. I certify that the i	t of Interest and establishing the City's policy on Conflict of Interest. I agree to comply t of Interest policy and understand that my tenure as Commissioner requires such information in this application is true and accurate.
with the City's Conflic	t of Interest and establishing the City's policy on Conflict of Interest. I agree to comply t of Interest policy and understand that my tenure as Commissioner requires such information in this application is true and accurate.
with the City's Conflic compliance. I certify that the i	t of Interest and establishing the City's policy on Conflict of Interest. I agree to comply t of Interest policy and understand that my tenure as Commissioner requires such information in this application is true and accurate.
with the City's Conflice compliance. I certify that the incompliance of App Date Received:	information in this application is true and accurate. Date: 10 - 30 - 00 FOR OFFICE USE ONLY
with the City's Conflictompliance. I certify that the i Signature of App Date Received:	t of Interest and establishing the City's policy on Conflict of Interest. I agree to comply to finterest policy and understand that my tenure as Commissioner requires such information in this application is true and accurate. Date: 10-30-06
with the City's Conflic compliance. I certify that the i	information in this application is true and accurate. Date: _/D - 30 - 06 FOR OFFICE USE ONLY Registered voter of the City:
with the City's Conflictompliance. I certify that the i Signature of App Date Received:	rinterest and establishing the City's policy on Conflict of Interest. I agree to comply to f Interest policy and understand that my tenure as Commissioner requires such information in this application is true and accurate. Date: 10 - 30 - 06
with the City's Conflictompliance. I certify that the i Signature of App Date Received:	information in this application is true and accurate. Date: _/D - 30 - 06 FOR OFFICE USE ONLY Registered voter of the City:
with the City's Conflictompliance. I certify that the i Signature of App Date Received:	rinterest and establishing the City's policy on Conflict of Interest. I agree to comply to of Interest policy and understand that my tenure as Commissioner requires such information in this application is true and accurate. Date: _/O - 30 - 0C
with the City's Conflictompliance. I certify that the i Signature of App Date Received:	FOR OFFICE USE ONLY Registered voter of the City:
with the City's Conflictompliance. I certify that the i Signature of App Date Received:	FOR OFFICE USE ONLY Registered voter of the City:

J. Bryan Carricaburu

1300 E. Woodcrest Drive Wasilla, Alaska 99654 (907) 376-7290

Education:

. . . .

San Jose State University, California, 1973-1974 U.S. Navy, Quartermaster, 1969-1973 Santa Ynez Valley Union High School, 1964-1968

Employment History:

1987-present	Director of Flight Personnel/Chief Pilot, Peninsula Airways, Anchorage, Alaska.
1980-1987	Station Manager/Chief Pilot, Peninsula Airways, Cold Bay, Alaska.
1979-1980	Captain HP-137, Apollo Airways, Goleta, California.
1974-1979	Peninsula Airways, King Salmon, Alaska.
1969-1973	United States Navy.

Management Experience:

1987-Present	Peninsula Airways, Director of Flight Personnel/Chief Pilot. Qualified PIC, SA227 and SF340 aircraft. Supervise scheduling, training of pilots and instructors. Aircraft and simulator instructor/check airman.
1980-1987	Peninsula Airways, Manager/Chief Pilot-Cold Bay, Alaska.
1974-1979	Peninsula Airways, Line Pilot, King Salmon, Alaska.

Flying Experience:

Total flight time: 22,000 + hours, accident free. Airline Transport Pilot, multiengine and sea, type ratings SA227 and SF340. Commercial Pilot, single engine land.



Revised: October 12, 2005

OFFICE OF THE CITY CLERK CITY OF WASILLA 290 E. HERNING AVE. WASILLA, AK 99654-7091 PHONE: (907) 373-9090

FAX: (907) 373-9092

APPLICATION FOR APPOINTMENT TO COMMISSIONS

POSITION APPLYING FOR (select from one or more of the following):
Airport Advisory Commission (no residency requirement)
Planning Commission (City of Wasilla residents only) Parks and Recreation Commission (City of Wasilla residents only)
Parks and Recreation Commission (City of Wasilla residents only)
NAME: ShERMAN W. BEAR
MAILING ADDRESS: 2849 N. KYLE CIRCLE WASILLA AK 996.
RESIDENCE ADDRESS: (SAME)
HOME PHONE: 907-373-3373 WORK PHONE: NONE
CELL PHONE: 355-8505 E-MAIL: BEARAIR@ MTA ONLING. NET
OCCUPATION: RETIRED
EMPLOYER: NONE
Do you reside within Wasilla City limits? Yes or No If so, for how long?
 Do you currently own or operate a business in the City of Wasilla? If so, what is the name and physical location of the business?
 Does your schedule permit you to regularly attend required meetings: Yes ✓ or No
 Are you currently affiliated with the City of Wasilla in any way? (examples include: contractor, lease holder, employee) if so, please note the capacity:
• Do you currently have a direct or indirect financial or business interest with the City of Wasilla? If so, please note:
Please provide a one-page resume to include education and experience that would enhance board membership. SEE RESUME ON FILE, NO Changes
Return completed application to the City Clerk. Commission Application

Page 1 of 2

land use regulations,	provide a brief statement describing your experience with Wasilla Municipal Code, and due process that would qualify you for this position. (Please use a separate
theel if necessary l	ELPERIENCE ON ALRPORT ADVISORY COMMIS
Phesentl	4 the VICE-Chrip
- SERUGD ON	ORIGINAL "ADHOC" Advisory committe
that develop	ned origINAL WASILLA ALRYDRI REGULATIONS for a
- RETIRED AIRTH	OXIOPERATOR, CURRENT FLIGHT INSTRUCTOR
published in a newspaper or other published in the City's Conflict of Ir compliance. I certify that the inform	2.12.005 and 2.12.010 of the Wasilla Municipal Code defining financial interest est and establishing the City's policy on Conflict of Interest. I agree to comply interest policy and understand that my tenure as Commissioner requires such ation in this application is true and accurate.
Signature of Applicant:	Therman Bearrate: 29 Oct 2006
Date Received: (date slamp below)	FOR OFFICE USE ONLY Registered voter of the City: yes 1/ no
RECEIVED	Date of Council Approval: AM No.:
OCT 3 0 2006 CLERK & JEFICE CITY OF WASILLA	Date Applicant Notified:
MASILLA	Resume Attached: yes no
	APOC Financial Disclosure Statement (check one): Atlached: On File: N/A:



Revised: October 12, 2005

OFFICE OF THE CITY CLERK CITY OF WASILLA 290 E. HERNING AVE. WASILLA, AK 99654-7091 PHONE: (907) 373-9090

FAX: (907) 373-9092

APPLICATION FOR APPOINTMENT TO COMMISSIONS

POSITION APPLYING FOR (select from one or more of the following):
Airport Advisory Commission (no residency requirement)
Planning Commission (City of Wasilla residents only)
Parks and Recreation Commission (City of Wasilla residents only)
NAME: Baymond J. Block
MAJLING ADDRESS: 1600 N. Block Circle falmer, AK 99645
RESIDENCE ADDRESS: Same
HOME PHONE: 746-7629 WORK PHONE: 373-4022
CELL PHONE: E-MAIL:
OCCUPATION: Aircraft Mechanic
EMPLOYER: Self
Do you reside within Wasilla City limits? Yes or No. If so, for how long?
• Do you currently own or operate a business in the City of Wasilla? If so, what is the name and physical location of the business? Rays Americ FTService Inc. 1160 5 Crosswing CT
 Does your schedule permit you to regularly attend required meetings: Yes ✓ or No
• Are you currently affiliated with the City of Wasilla in any way? (examples include: contractor, lease holder, employee) if so, please note the capacity:
• Do you currently have a direct or indirect financial or business interest with the City of Wasilla? If so, please note: Lise at Wusilla Chifory
 Please provide a one-page resume to include education and experience that would enhance board membership.
Return completed application to the City Clerk.
Commission Application

Page 1 of 2

AND THE RESERVE TO TH	
] understand that	his is a voluntary, appointed position to be confirmed by the Wasilla City Council,
d requires my regular a	attendance at official meetings. I further understand that this application is public
	of my appointment be discussed at a public meeting. In addition, my name may be
blished in a newspaper o	or other media outlet.
I have read Sections substantial financial in	ns 2.12.005 and 2.12.010 of the Wasilla Municipal Code defining financial interest atterest and establishing the City's policy on Conflict of Interest, Lagree to comply
d substantial financial in the City's Conflict of mpliance.	ns 2.12.005 and 2.12.010 of the Wasilla Municipal Code defining financial interest alterest and establishing the City's policy on Conflict of Interest. I agree to comply of Interest policy and understand that my tenure as Commissioner requires such compation in this application is true and accurate.
d substantial financial in the City's Conflict of mpliance. I certify that the inf	of Interest and establishing the City's policy on Conflict of Interest. I agree to comply of Interest policy and understand that my tenure as Commissioner requires such
d substantial financial in the City's Conflict of mpliance. I certify that the information of Application of Signature of Applicate Received:	of Interest and establishing the City's policy on Conflict of Interest. I agree to comply of Interest policy and understand that my tenure as Commissioner requires such commission in this application is true and accurate.
d substantial financial in the City's Conflict of appliance. I certify that the information of Application of Signature of Application of Application of Received:	of Interest and establishing the City's policy on Conflict of Interest. I agree to comply of Interest policy and understand that my tenure as Commissioner requires such connation in this application is true and accurate. Sant: Augment J block Date: 10/28/06
I substantial financial in the City's Conflict on the City's Conflict on the information of Application of Appl	interest and establishing the City's policy on Conflict of Interest. I agree to comply of Interest policy and understand that my tenure as Commissioner requires such formation in this application is true and accurate. Sant: Augment J Block Date: 15/28/06 FOR OFFICE USE ONLY
d substantial financial in the City's Conflict of appliance. I certify that the information of Application of Application of Applicate Received: ate Received: ate stamp below)	rant: Payment of the City: policy on Conflict of Interest. I agree to comply of Interest policy and understand that my tenure as Commissioner requires such commation in this application is true and accurate. FOR OFFICE USE ONLY Registered voter of the City: yes no Date of Council Approval: AM No.: Date Applicant Notified:
d substantial financial in the City's Conflict of mpliance. I certify that the information of Application of Application of Application (Conference of Application of Appl	rant: Payment of the City: policy on Conflict of Interest. I agree to comply of Interest policy and understand that my tenure as Commissioner requires such commation in this application is true and accurate. FOR OFFICE USE ONLY Registered voter of the City: yes no Date of Council Approval: AM No.: Date Applicant Notified:
d substantial financial in the City's Conflict of appliance. I certify that the information of Applicate Received: ate stamp below)	rant: August of the City:
d substantial financial in the City's Conflict of mpliance. I certify that the information of Application of Application of Applicate Received: State Received: State stamp below)	romation in this application is true and accurate. FOR OFFICE USE ONLY Registered voter of the City: yes no Date Applicant Notified: AM No.: Resume Attached: yes no APOC Financial Disclosure Statement (check one): Altached: Altached: yes no

Chiport advisory Commission Reserved Block 10/28/06 I have been operating a small business engaged in current maintenance since 1978: I have been operating in Wosella since 1990 and have been located at the Min Wisella Chiport Deine 1994. I have sever on the Carport advisory Commisseoir for the last 2 years.