Judicial Conduct, Commission on		william jones gordon
General Information		
Board/Commission and seat you are seeking Judicial Conduct, Commission on, p	n: Dublic member	
Additional Boards/Commissions of interest:		
State Boards/Commissions on which you have Judicial council, Alcoholic Beverage		
First william	Middlename jones	Last Name gordon
Mailing Address	City fairbanks	State & ZIP AK 99709
Home/Message Phone	Business Phone	Cell Phone
Email Address	Are you a registered Yes	voter?
	Conflict of Interest	
	Conflict of Interest	
Certain boards and commissions require full If required for the board or commission for wing Yes	disclosure of personal financial data under hich you are applying, are you willing to do	AS 39.50.010. so?
Could you or any member of your family be a by the board or commission for which you are No		
Please explain the potential financial benefit		
Employment History		
Employment work history including paid, unpaid or voluntary. Self employed businessman, Volunteer and paid political consultant, Multiple Fbks School District Task Forces. Commissoner, Alaska High School Baseball		
Education, Training, Experience & Qualifications		
List both formal and informal education and training experiences:  AB degree Univ of NC Chapel Hill		
List any professional licenses, certifications, or registrations and dates obtained that may be used as qualifying criteria: none		
List any community service, municipal government, and state positions held, and any awards received.		

High school teacher, Executive Asst Office of Governor, Chair ABC Board, Council Member Ak Judicial Council

## Conviction Record

Have you ever been convicted of a misdemeanor within the past <u>five</u> years or a felony within the past <u>ten</u> years? **No** 

Conviction Circumstances

## **Certification of Accuracy & Completeness**

By submitting this online application, I swear the information I have entered on this form is true to the best of my knowledge. I understand that if I deliberately conceal or enter false information on the form my application may be rejected, I may be removed from the list of eligible candidates, or I may be removed from the position. I agree that the Office of the Governor may contact present or former employees or other persons who know me to obtain an additional information about my skills and abilities. I understand that the information on this application is public information and may be released through a legal request for such information.

Type "I certify"
"I certify"

Resumé Addendum

## **Press Release Wording**

{Your Name}, {age} of {hometown}, is {job title/place of employment} holds {education level, school, or relevant experiences}.

Submitted: 11/23/11 at 8:58 am from 98.86.132.30