
Profile

Diane

First Name

Wiedemann

Last Name

Full/Legal Name (if different than name provided above)

dwied@mcn.org

Email Address

Voter [REDACTED]

Street Address

Suite or Apt

Albion

City

CA

State

95410

Postal Code

Mailing Address (if different than Voter Registration or Street address)

Home: [REDACTED]

Primary Phone

Mobile: (707) 357-3804

Alternate Phone

Which Boards would you like to apply for?

Mendocino County Planning Commission: Submitted

5th District Representative

Which position, seat, or representational category would you prefer?

Availability to Attend Meetings☒ Night Meetings☒ Day Meetings

Availability to Attend Meetings (Other)

Interests & Experiences

Special Expertise, Experience, or Interest in This Area?

Upload a Resume

Upload Additional Supporting Documents

Upload Additional Supporting Documents

Upload Additional Supporting Documents

Certification

Please read the following statements and indicate your acceptance thereof.

I hereby certify that I am a registered voter in the State of California, County of Mendocino, a citizen of the United States, and will be at least 18 years of age at the time of the next election. I am not imprisoned or on parole for the conviction of a felony. I certify under penalty of perjury, under the laws of the State of California, that the information on this application is true and correct. I understand that assuming this public responsibility could result in public knowledge of my background and/or qualifications, including financial interests. Applications will be kept on file for one year.

☒ I Agree *