JANET WOLF

County Supervisor, Second District

MARY E. O'GORMAN

Chief of Staff

JANE S. FERRY Office Manager

HILARY R. CAMPBELL

Board Administrative Assistant



SANTA BARBARA COUNTY

BOARD OF SUPERVISORS

105 East Anapamu Street, 4th Floor Santa Barbara, California 93101

TELEPHONE: (805) 568-2191 FAX: (805) 568-2283 E-mail: jwolf@sbcbos2.org www.countyofsb.org/bos/wolf

A-20

Date: <u>July 14, 2010</u>

Clerk of the Board of Supervisors County of Santa Barbara 105 East Anapamu Street Santa Barbara, CA 93101

For placement on the agenda for the meeting of: July 27, 2010

Re: Historic Landmarks Advisory Committee

I would like to recommend the following for the <u>appointment</u> to subject Committee, Commission or Board:

Full Name of Appointee: James Kyriaco, Jr.

Address:

City: State: Zip: Salutation: Mr.

Cell Telephone: Second District on this commission.

Position was formerly held by: Deborah Schwartz

Appointment Expires on: 1/1/2011

Appointment Expires on: 1/1/2011

Second District Supervisor Janet Wolf

Signed By:

Clerk of the Board: Please send minute order to:

- 1) Anita Hodosy-McFaul, Planning & Development
- 2) James Kyriaco, Jr., See address above.
- 3) Jane Ferry, Second District Office

COUNTY OF SANTA BARBARA BOARD, COMMISSION, OR COMMITTEE

Return to: Clerk, Board of Supervisors County Administration Building 105 E. Anapamu Street, Room 407 Santa Barbara, CA 93101

☐ Copy to Supervisor

INSTRUCTIONS: Please complete each item below. Be sure to enter the title of the Board, Commission, or Committee (only one per application please) for which you desire consideration. For more complete information or assistance contact the Clerk, Board of Supervisors' Office. This application shall be maintained for a period of one year only. After one year it is necessary to file a new application for another year of eligibility. **Please print in ink or type.**

your or engineery. I rease print in mix	of type.				
1. APPLYING FOR: (Use specific title		2. Today's Date:			
HISTORIC LANDMARKS ADVISORY			COMMITTEE	7/6/10	
3. NAME:			4. E-MAIL ADDRESS:		
Kyriaco Jr., James And					
6. ADDRESS:		5. TELEPHONE:			
			Home: (80	3)451-2278	
			Business:		
City Zip Code		•			
 References: Give names and addr nity involvement, and abilities. 	esses of three persons, not rel	latives, who have k	nowledge of your	character, experience, commu-	
NAME	ADDRESS	(* TELEP	HONE NUMBER	OCCUPATION	
A. Roger I. Horron				Retired	
B. June Sochel				Retired	
C. Ed EASTON				Council	
8. Are you or have you been employed		ara? 🖸 YES 🕏	No If YES, list:		
				Date: 1/08-3/09	
9. Please check appropriate boxes (optional): 10. Education			completed: A	MIOCH UNIVERSITY,	
Ethnic or racial identity: White Black (African American)	Bachelor OF ACTS, liberal Studies (9009 OF CONCENTRATION - SOCIAL SERVICES ADMIN.				
			11. Indicate Supervisor who will receive a copy of this application:		
		2 nd	2 Nd District		
12. EXPERIENCE: Please explain why which you are applying.	you are interested in serving	and what experien	ce you bring to the	e Commission or Committee for	
I enjoy pull	reservice \$	history			

13. ADDITIONAL INFORMATION: Give any information explaining your qualifications, experience, training, education, volunteer activities, community organization memberships, or personal interests that bear on your application for above Board, Commission, or Committee. Attach additional sheets as necessary.