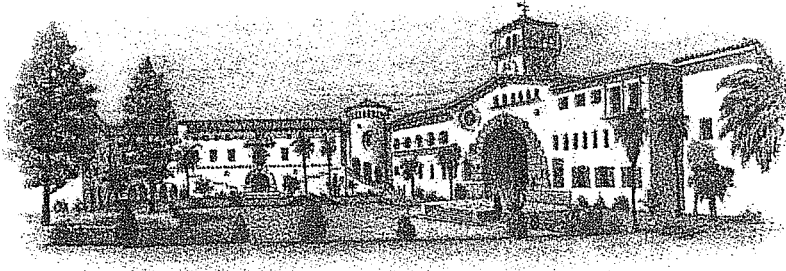


DOREEN FARR
Third District Supervisor



OFFICE OF THE
THIRD DISTRICT SUPERVISOR
County Administration Building
105 East Anapamu Street
Santa Barbara, California 93101
Telephone: (805) 568-2191
Fax: (805) 568-2883
www.countyofsb.org

COUNTY OF SANTA BARBARA

A-34

Date: November 24, 2009

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: **December 8, 2009**

I would like to recommend the following for the appointment / reappointment to the
Mosquito and Vector Management of Santa Barbara

Name of Appointee: **Cathy Schlottmann**
Address: **36711 Via Lato**
City/State/Zip: **Lompoc, CA 93436**
Home Telephone: **805-733-2964**
Work Telephone: **805-714-2946**
Cell Phone:
E-mail: **cathyschlottmann@hotmail.com**

Appointee will represent **Third District** on this committee.
Position was formerly held by:
Term expires: **December 31, 2012**

Check only if this appointment is filling an unexpired vacancy.

Third District Supervisor Doreen Farr

Signed By: _____

Clerk of the Board: Please send minute order to Brian Passaro 805-969-5050

**APPLICATION
FOR
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

DATE RECEIVED

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.

1. APPLYING FOR: (Use specific title) TRUSTEE,
SANTA BARBARA COASTAL VECTOR CONTROL DISTRICT 2. Today's Date: 11-17-2005

3. NAME:
SCHLOTTMANN, CATHY
Last First Middle

4. E-MAIL ADDRESS:
cathy.schlottmann@
hotmail.com

6. ADDRESS:
3671 VIA LATO
Number Street
LOMPOC CA 93436
City Zip Code

5. TELEPHONE:
Home: (805) 733-2964
Business: (805) 714-2946

7. References: Give names and addresses of three persons, not relatives, who have knowledge of your character, experience, community involvement, and abilities.

NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION
A. STAN WHITTY	3313 ERICA PL LOMPOC CA 93436	588-9749	PRESIDENT MISSION HILLS CSD
B. SUSAN WARNSTROM	401 E. CYPRESS LOMPOC CA 93436	737-7700	S. B. COUNTY ADMIN. ASST.
C. GEORGE EMERSON	245 MADRETON BAY LN #5 GOLETA CA 93117	967-7019	DIRECTOR, GOLETA SANITARY DISTRICT

8. Are you or have you been employed by the County of Santa Barbara? YES No If YES, list:
Department: _____ Title: _____ Date: _____

9. Please check appropriate boxes (optional):
Ethnic or racial identity:
 White
 Black (African American)
 Hispanic
 Asian/Pacific Islander
 Native American/Alaskan Native
 Other (Please specify)
Sex:
 Male
 Female

10. Education completed: BACHELOR OF ARTS
UNIVERSITY OF SAN FRANCISCO
11. Indicate Supervisor who will receive a copy of this application:
Supervisor Farr

12. EXPERIENCE: Please explain why you are interested in serving and what experience you bring to the Commission or Committee for which you are applying.
TO WORK WITH THE VECTOR CONTROL DISTRICT AS IT
EXPANDS ITS SERVICES IN NORTHERN SANTA BARBARA COUNTY

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.
DIRECTOR, MISSION HILLS CSD, 1995 to PRESENT
S. B. LAFCO SPEC. DISTRICT ALTERNATE COMMISSIONER SINCE 2003
S. B. CO. SPECIAL DISTRICT ASSN, SECRETARY SINCE 1999
A RESIDENT OF THE LOMPOC VALLEY SINCE 1977

14. SIGNATURE OF APPLICANT
Cathy Schlottmann