

**Bob Nelson**  
County Supervisor  
Fourth District

**Aaron Hanke**  
District Chief of Staff



**BOARD OF SUPERVISORS**  
**Fourth District Office**  
511 E. Lakeside Parkway  
Santa Maria, CA 93455

(805) 346-8407 Santa Maria  
(805) 737-7700 Lompoc  
(805) 346-8498 FAX

**COUNTY OF SANTA BARBARA**

Date: February 10, 2026

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

RE: Committee, Commission or Board District Appointment

For placement on the Board of Supervisors agenda for the meeting of March 3, 2026

I would like to recommend the  appointment/  reappointment of the following person to the: Human Services Commission

Salutation:  Mr  Mrs  Ms.

Full Name of Appointee: Gina Cortez

Address:  
City/State/Zip:  
Home Phone:  
E-mail:

Appointee will represent the 4<sup>th</sup> District on this commission.

Position was formerly held by: Edwin Weaver

Check box only if this appointment is filling an unexpired vacancy.

District Supervisor: Bob Nelson

Signed by: 

COB Information Verification	
<input type="checkbox"/>	Letter of Resignation on file
<input type="checkbox"/>	Vacancy Notice on file
Term:	
<input type="checkbox"/>	_____ years
<input type="checkbox"/>	Beginning date _____
<input type="checkbox"/>	Ending date _____

**Profile**

Gina  
First Name

Cortez  
Last Name

[Empty text box for Email Address]

Email Address

[Empty text box for Street Address]

Street Address

[Empty text box for City]

City

CA  
State

93434  
Postal Code

**Indicate Supervisor Who Will Receive a Copy of your Application \***

Fourth District - Bob Nelson

[Empty text box for Primary Phone]

Primary Phone

[Empty text box for Alternate Phone]

Alternate Phone

**Which Boards would you like to apply for?**

Human Services Commission: Submitted

**Reference 1 Name**

Edwin Weaver

**Reference 1 Address**

[Empty text box for Reference 1 Address]

**Reference 1 Telephone**

[Empty text box for Reference 1 Telephone]

**Reference 1 Occupation**

Executive Director: Non-Profit (FBSMV)

**Reference 2 Name**

Dawnette Smith

**Reference 2 Address**

[Empty text box for Reference 2 Address]

## Reference 2 Telephone

---

## Reference 2 Occupation

---

Program Director: Non-Profit (FBSMV)

## Reference 3 Name

---

Shana Pompa

## Reference 3 Address

---

## Reference 3 Telephone

---

## Reference 3 Occupation

---

Program Director: Non-Profit (FBSMV)

**If you are now, or have ever been employed by the County of Santa Barbara, please list the department in which you worked, your title, and the dates you were employed.**

---

No

---

## Interests & Experiences

**Please explain why you are interested in serving, and what experience you bring to the Committee. Attach additional documentation as necessary.**

---

I am interested in serving on the Committee because I am deeply committed to supporting and improving my community. With over 15 years of experience in the non-profit sector, I have helped pass local policies and guided ordinances focused on prevention work. I have led the development and implementation of grants from start to finish, including conducting community assessments and identifying local needs. My work has focused on youth, families, and health disparity groups, ensuring programs are responsive to local demographics. I bring a strong understanding of community priorities and a dedication to advocating for the best interests of those we serve.

[Gina\\_Cortez\\_Resume\\_26.pdf](#)

Upload a Resume

---

## Demographics

**Ethnicity**

---

Hispanic

**Gender**

---

Female

Date of Birth

**Please Agree with the Following Statement**

---

**I agree that upon submission of this application all information provided is a matter of public record, and is subject to disclosure.**

---

I Agree \*