

**APPLICATION FOR
COUNTY OF SANTA BARBARA
BOARD, COMMISSION OR COMMITTEE**

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

DATE RECEIVED

2014 JAN 21 AM 9:55

COUNTY OF SANTA BARBARA
CLERK OF THE BOARD OF SUPERVISORS
Copy to Supervisor

Instructions: Please complete each section below. Be sure to enter the title of the Board, Commission or Committee (only one per application) for which you desire consideration in Box 1. For more complete information or assistance, contact the Clerk of the Board of Supervisors. **Please print in ink or type. Please note that ALL information provided is a matter of public record, and is subject to disclosure.**

1. APPLYING FOR: (Use Specific Title of Board, Commission or Committee)

Guadalupe Oversight Board

2. TODAY'S DATE:

01/14/2014

3. NAME:

Paul Mark A
Last First Middle

4. E-MAIL ADDRESS:

mpaul@cosbpw.net

5. ADDRESS:

Santa Barbara 93103
Number Street
City Zip Code

5. TELEPHONE:

Home: **[REDACTED]**
Business: **805-568-3016**

6. REFERENCES: Give names and addresses of three (3) individuals (not relatives) who have knowledge of your character, experience, community involvement, and abilities.

NAME	ADDRESS	TELEPHONE	OCCUPATION
Scott McGolpin	123 E. Anapamu St	568-3010	Public Works Director
Robert Geis	105 E. Anapamu St	568-2100	Auditor-Controller
Jennifer Christensen	105 E. Anapamu St	568-2925	Chief Investment Officer

7. Are you, or have you ever been, employed by the County of Santa Barbara?

No Yes - if yes, list below

Department: **Public Works** Title: **Deputy Director** Date: **06/23/2003**

8. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL):

9. Ethnic or Racial Identity:

- White
- African American
- Hispanic
- Asian/Pacific Islander
- Native American/Alaskan Native
- Other (please specify):

Sex:
 Male
 Female

10. EDUCATION COMPLETED:

BS - Accounting, Finance

11. INDICATE SUPERVISOR WHO WILL RECEIVE A COPY OF APPLICATION:

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

Currently serving on the Buellton and Santa Maria Oversight Boards.

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

4. SIGNATURE OF APPLICANT:

[Handwritten Signature]

**APPLICATION FOR
COUNTY OF SANTA BARBARA
BOARD, COMMISSION OR COMMITTEE**

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

DATE RECEIVED

2014 JAN 15 AM 11:46

COUNTY OF SANTA BARBARA
CLERK OF THE BOARD OF SUPERVISORS
 Copy to Supervisor

Instructions: Please complete each section below. Be sure to enter the title of the Board, Commission or Committee (only one per application) for which you desire consideration in Box 1. For more complete information or assistance, contact the Clerk of the Board of Supervisors. Please print in ink or type. Please note that ALL information provided is a matter of public record, and is subject to disclosure.

1. APPLYING FOR: (Use Specific Title of Board, Commission or Committee) Board Member, Redevelopment Agency for Isla Vista	2. TODAY'S DATE: 1-14-14
3. NAME: Miyasato Mona <hr style="width:100%;"/> <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle </div>	4. E-MAIL ADDRESS: mmiyasato@countyofsb.org
6. ADDRESS: 105 E. Anapamu Street, Rm. 406 <hr style="width:100%;"/> <div style="display: flex; justify-content: space-between; font-size: small;"> Number Street </div> Santa Barbara 93101 <hr style="width:100%;"/> <div style="display: flex; justify-content: space-between; font-size: small;"> City Zip Code </div>	5. TELEPHONE: Home: _____ Business: 805-568-3400

7. REFERENCES: Give names and addresses of three (3) individuals (not relatives) who have knowledge of your character, experience, community involvement, and abilities.

NAME	ADDRESS	TELEPHONE	OCCUPATION
Renee Bahl	105 E. Anapamu St., SB	805-568-3400	ACEO, County of SB
Errin Briggs	105 E. Anapamu St., SB	805-568-2047	Planner, P&D, County of SB
Michael Ghizzoni	105 E. Anapamu St., SB	805-568-2950	County Counsel, County of SB

8. Are you, or have you ever been, employed by the County of Santa Barbara? No Yes - if yes, list below

Department: County Executive Office Title: County Executive Officer Date: 12/9/13 - present

9. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL):

Ethnic or Racial Identity:
 White
 African American
 Hispanic
 Asian/Pacific Islander
 Native American/Alaskan Native
 Other (please specify): _____

Sex:
 Male
 Female

10. EDUCATION COMPLETED:
 Master Degree

11. INDICATE SUPERVISOR WHO WILL RECEIVE A COPY OF APPLICATION:
 Doreen Farr

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

I am currently serving as the County Executive Officer for the County of Santa Barbara. All matters relating to the efficient and effective administration of County government is of interest to me.

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

14. SIGNATURE OF APPLICANT:

**APPLICATION FOR
COUNTY OF SANTA BARBARA
BOARD, COMMISSION OR COMMITTEE**

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

DATE RECEIVED

2014 JAN 23 PM 1:40

Copy to Supervisor
COUNTY OF SANTA BARBARA
CLERK OF THE BOARD OF SUPERVISORS

Instructions: Please complete each section below. Be sure to enter the title of the Board, Commission or Committee (only one per application) for which you desire consideration in Box 1. For more complete information or assistance, contact the Clerk of the Board of Supervisors. **Please print in ink or type. Please note that ALL information provided is a matter of public record, and is subject to disclosure.**

1. APPLYING FOR: (Use Specific Title of Board, Commission or Committee)
Oversight Board for the Successor Agency to the Former RDA - City of Santa Barbara

2. TODAY'S DATE:
January 17, 2014

3. NAME:
Alvarez Tom Michael
Last First Middle

4. E-MAIL ADDRESS:
toalvarez@countyofsb.org

6. ADDRESS:
105 E. Anapamu Street
Suite 406 93101
Number Street City Zip Code

5. TELEPHONE:
Home: _____
Business: 805 568-3432

7. REFERENCES: Give names and addresses of three (3) individuals (not relatives) who have knowledge of your character, experience, community involvement, and abilities.

NAME	ADDRESS	TELEPHONE	OCCUPATION
Renee Bahl		805 568-3407	SBC Assistant CEO
Bob Geis		805 568-2101	SBC Auditor-Controller
Harry Hagen		805 568-2490	SBC Treasurer Tax-Collector

8. Are you, or have you ever been, employed by the County of Santa Barbara? No Yes - if yes, list below

Department: CEO Title: Budget Director Date: 10/1/2011

9. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL):

Ethnic or Racial Identity:
 White
 African American
 Hispanic
 Asian/Pacific Islander
 Native American/Alaskan Native
 Other (please specify): _____

Sex:
 Male
 Female

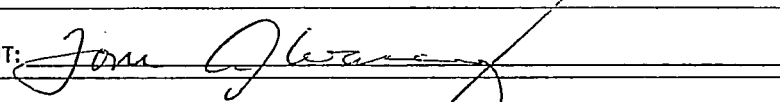
10. EDUCATION COMPLETED:
B.S. Accounting; CA. CPA

11. INDICATE SUPERVISOR WHO WILL RECEIVE A COPY OF APPLICATION:
Chair Lavagnino

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

The dissolution of the RDA's create complex issues which will impact future funding for various public entities. I am a certified public accountant and have served as the Budget Director for the County of Santa Barbara since 2011. My experience and knowledge of public entity budgets, accounting and funding sources should be of assistance to the Board.

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

14. SIGNATURE OF APPLICANT: 

**APPLICATION FOR
COUNTY OF SANTA BARBARA
BOARD, COMMISSION OR COMMITTEE**

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

DATE RECEIVED

2014 JAN 23 PM 1:40
 Copy to Supervisor

Instructions: Please complete each section below. Be sure to enter the title of the Board, Commission or Committee (only one per application) for which you desire consideration in Box 1. For more complete information or assistance, contact the Clerk of the Board of Supervisors. **Please print in ink or type. Please note that ALL information provided is a matter of public record, and is subject to disclosure.**

1. APPLYING FOR: (Use Specific Title of Board, Commission or Committee) Oversight Board for the Successor Agency to the Former RDA - Buellton	2. TODAY'S DATE: January 17, 2014
3. NAME: Alvarez Tom Michael <small>Last First Middle</small>	4. E-MAIL ADDRESS: toalvarez@countyofsb.org
6. ADDRESS: 105 E. Anapamu Street Suite 406 <small>Number Street City Zip Code</small>	5. TELEPHONE: Home: _____ Business: 805 568-3432

7. REFERENCES: Give names and addresses of three (3) individuals (not relatives) who have knowledge of your character, experience, community involvement, and abilities.

NAME	ADDRESS	TELEPHONE	OCCUPATION
Renee Bahl		805 568-3407	SBC Assistant CEO
Bob Geis		805 568-2101	SBC Auditor-Controller
Harry Hagen		805 568-2490	SBC Treasurer Tax-Collector

8. Are you, or have you ever been, employed by the County of Santa Barbara? No Yes - if yes, list below

Department: CEO Title: Budget Director Date: 10/1/2011

9. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL):

Ethnic or Racial Identity:

White
 African American
 Hispanic
 Asian/Pacific Islander
 Native American/Alaskan Native
 Other (please specify): _____

Sex:
 Male
 Female

10. EDUCATION COMPLETED:
 B.S. Accounting; CA. CPA

11. INDICATE SUPERVISOR WHO WILL RECEIVE A COPY OF APPLICATION:
 Chair Lavagnino

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

The dissolution of the RDA's create complex issues which will impact future funding for various public entities. I am a certified public accountant and have served as the Budget Director for the County of Santa Barbara since 2011. My experience and knowledge of public entity budgets, accounting and funding sources should be of assistance to the Board.

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

14. SIGNATURE OF APPLICANT: Tom Alvarez

**APPLICATION FOR
COUNTY OF SANTA BARBARA
BOARD, COMMISSION OR COMMITTEE**

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

DATE RECEIVED

2014 JAN 23 PM 1:40

COUNTY OF SANTA BARBARA
CLERK OF THE BOARD OF SUPERVISORS

Instructions: Please complete each section below. Be sure to enter the title of the Board, Commission or Committee (only one per application) for which you desire consideration in Box 1. For more complete information or assistance, contact the Clerk of the Board of Supervisors. Please print in ink or type. Please note that ALL information provided is a matter of public record, and is subject to disclosure.

1. APPLYING FOR: (Use Specific Title of Board, Commission or Committee) **Oversight Board for the Successor Agency to the Former RDA - Goleta**

2. TODAY'S DATE: **January 17, 2014**

3. NAME: **Alvarez Tom Michael**

Last First Middle

4. E-MAIL ADDRESS: **toalvarez@countyofsb.org**

6. ADDRESS: **105 E. Anapamu Street**

Number Street

Suite 406 93101

City Zip Code

5. TELEPHONE:

Home: _____

Business: **805 568-3432**

7. REFERENCES: Give names and addresses of three (3) individuals (not relatives) who have knowledge of your character, experience, community involvement, and abilities.

NAME	ADDRESS	TELEPHONE	OCCUPATION
Renee Bahl		805 568-3407	SBC Assistant CEO
Bob Geis		805 568-2101	SBC Auditor-Controller
Harry Hagen		805 568-2490	SBC Treasurer Tax-Collector

8. Are you, or have you ever been, employed by the County of Santa Barbara? No Yes - if yes, list below

Department: **CEO** Title: **Budget Director** Date: **10/1/2011**

9. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL):

Ethnic or Racial Identity:

White

African American

Hispanic

Asian/Pacific Islander

Native American/Alaskan Native

Other (please specify): _____

Sex:

Male

Female

10. EDUCATION COMPLETED:

B.S. Accounting; CA. CPA

11. INDICATE SUPERVISOR WHO WILL RECEIVE A COPY OF APPLICATION:

Chair Lavagnino

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

The dissolution of the RDA's create complex issues which will impact future funding for various public entities. I am a certified public accountant and have served as the Budget Director for the County of Santa Barbara since 2011. My experience and knowledge of public entity budgets, accounting and funding sources should be of assistance to the Board.

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

14. SIGNATURE OF APPLICANT: 