

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 <input type="checkbox"/> Copy to Supervisor
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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) City of Buellton Oversight Board	2. TODAY'S DATE: May 4, 2016
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3. NAME: Toney, Joseph D. <hr style="border: none; border-top: 1px solid black; margin: 2px 0;"/> <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle </div>	4. E-MAIL ADDRESS: jtoney@countyofsb.org
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6. ADDRESS: 105 E Anapamu St. Ste. 406 <hr style="border: none; border-top: 1px solid black; margin: 2px 0;"/> <div style="display: flex; justify-content: space-between; font-size: small;"> Number Street </div> Santa Barbara, CA 93101 <hr style="border: none; border-top: 1px solid black; margin: 2px 0;"/> <div style="display: flex; justify-content: space-between; font-size: small;"> City Zip Code </div>	5. TELEPHONE: Home: _____ Business: 805-568-2060
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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
Terri Nisich		805-568-3400	SBC Assistant CEO
Theo Fallati		805-568-2101	SBC Auditor-Controller
Michael Ghizzoni		805-568-2950	SBC County Counsel

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: Fiscal and Policy Analyst; Deputy CEO Date: 10/1/13-Present

9. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL): Ethnic or Racial Identity: <input type="checkbox"/> White <input type="checkbox"/> Male <input type="checkbox"/> African American <input type="checkbox"/> Female <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other (please specify):	10. EDUCATION COMPLETED: Master of Public Policy and Administration 11. INDICATE SUPERVISOR WHO WILL RECEIVE A COPY OF APPLICATION: Chair Adam
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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 Deputy County Executive Officer and the SBC Oversight Board Program Manager and Secretary. I am well versed in matters pertaining to the oversight boards and my knowledge will be beneficial to this 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:

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1. APPLYING FOR: (Use Specific Title of Board, Commission or Committee) City of Guadalupe Oversight Board	2. TODAY'S DATE: May 5, 2016
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3. NAME: McGolpin Scott David <hr/> <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle </div>	4. E-MAIL ADDRESS: Mcgolpin@cosbpw.net
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6. ADDRESS: 123 E Anapamu St. <hr/> <div style="display: flex; justify-content: space-between; font-size: small;"> Number Street </div> Santa Barbara, CA 93101 <hr/> <div style="display: flex; justify-content: space-between; font-size: small;"> City Zip Code </div>	5. TELEPHONE: Home: _____ Business: <u>805-568-3010</u>
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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
Terri Nisich		805-568-3400	SBC Assistant CEO
Theo Fallati		805-568-2101	SBC Auditor-Controller
Michael Ghizzoni		805-568-2950	SBC County Counsel

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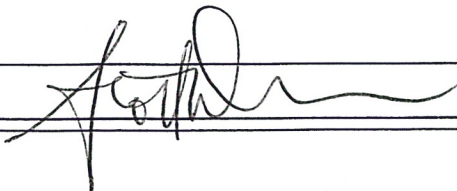
Department: Public Works Title: Director Date: 5/7/07-Present

9. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL): Ethnic or Racial Identity: <input type="checkbox"/> White <input type="checkbox"/> Male <input type="checkbox"/> African American <input type="checkbox"/> Female <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other (please specify):	10. EDUCATION COMPLETED: MA 11. INDICATE SUPERVISOR WHO WILL RECEIVE A COPY OF APPLICATION: Chair Adam
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12. EXPERIENCE: Please explain why you are interested in serving, and what experience you bring to the Committee. Attach additional documentation as necessary.

Filling the vacancy created by the recent departure of Assistant County Executive Officer Renee Bahl.

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.

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1. APPLYING FOR: (Use Specific Title of Board, Commission or Committee) City of Lompoc Oversight Board	2. TODAY'S DATE: May 4, 2016
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3. NAME: Alvarez Tom Michael <small style="display: flex; justify-content: space-between; width: 100%;"> Last First Middle </small>	4. E-MAIL ADDRESS: toalvarez@countyofsb.org
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6. ADDRESS: 105 E Anapamu St. Ste. 406 <small style="display: flex; justify-content: space-between; width: 100%;"> Number Street </small> Santa Barbara, CA 93101 <small style="display: flex; justify-content: space-between; width: 100%;"> City Zip Code </small>	5. TELEPHONE: Home: _____ Business: 805-568-3432
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NAME	ADDRESS	TELEPHONE	OCCUPATION
Terri Nisich		805-568-3400	SBC Assistant CEO
Theo Fallati		805-568-2101	SBC Auditor-Controller
Michael Ghizzoni		805-568-2950	SBC County Counsel

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: Budget Director Date: 10/1/11-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

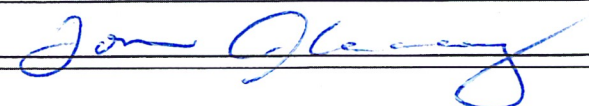
10. EDUCATION COMPLETED:
 B.S. Accounting; CA. CPA

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

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.

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3. NAME: Alvarez Tom Michael <small style="display: flex; justify-content: space-between; width: 100%;"> _____ _____ _____ </small> <small style="display: flex; justify-content: space-between; width: 100%;"> Last First Middle </small>	4. E-MAIL ADDRESS: toalvarez@countyofsb.org
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1. APPLYING FOR: (Use Specific Title of Board, Commission or Committee) City of Santa Maria Oversight Board	2. TODAY'S DATE: May 4, 2016
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3. NAME: Toney, Joseph D. <hr/> <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle </div>	4. E-MAIL ADDRESS: jtoney@countyofsb.org
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