

**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: October 25, 2022

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: November 1, 2022

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

Salutation:  Mr  Mrs  Ms.  
Full Name of Appointee: David M. Bixby  
Address: [Redacted]  
City/State/Zip: [Redacted]  
Home Phone: [Redacted]  
E-mail: [Redacted]

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

Position was formerly held by: Carlos Escobedo

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

District Supervisor: Bob Nelson

Signed by: Bob Nelson

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 _____

**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

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)  
HUMAN SERVICES Comm.

2. TODAY'S DATE:  
10-17-2022

3. NAME:  
BIXBY DAVID M  
Last First Middle

4. E-MAIL ADDRESS:  
[REDACTED]

6. ADDRESS:  
[REDACTED]  
Number Street  
[REDACTED]  
City Zip Code

5. TELEPHONE:  
Home: [REDACTED]  
Business: \_\_\_\_\_

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
MICHAEL J. SCOTT	[REDACTED]	[REDACTED]	ATTY
GEORGE SNORE	[REDACTED]	[REDACTED]	RETIRED
ROBERT A. OGDEN	[REDACTED]	[REDACTED]	FINANCIAL ADVISER

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

Department: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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:  
Juris Doctor (J.D.)

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

12. EXPERIENCE: Please explain why you are interested in serving, and what experience you bring to the Committee. Attach additional documentation as necessary.  
I WANT TO HELP PEOPLE IN NEED. I'M A FORMER MEMBER OF THE GOD SAMANTIA, FOC BOARD, PRESIDENT OF NORTH COUNTY BIN ASSOC; BOARD MEMBER FOR SALVATION ARMY; BOARD MEMBER FOR PACIFIC CRESTIAL School.

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.  
I'M A MEMBER OF ROTARY Santa Maria South, BOARD MEMBER for Community Services.

14. SIGNATURE OF APPLICANT: [Signature]