

Date: 12/14/2023

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: 1/9/2024

I would like to recommend the appointment/ reappointment of the following person to the Behavioral Wellness Commission:

Salutation: Mr Mrs Ms.
Full Name of Appointee: Lynne Gibbs
Address: [REDACTED]
City/State/Zip: [REDACTED]
Home Phone: [REDACTED]
Work Phone: [REDACTED]
E-mail: [REDACTED]

Appointee will represent the 2nd District on this commission.

Position was formerly held by:

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

2nd District Supervisor: Laura Capps



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