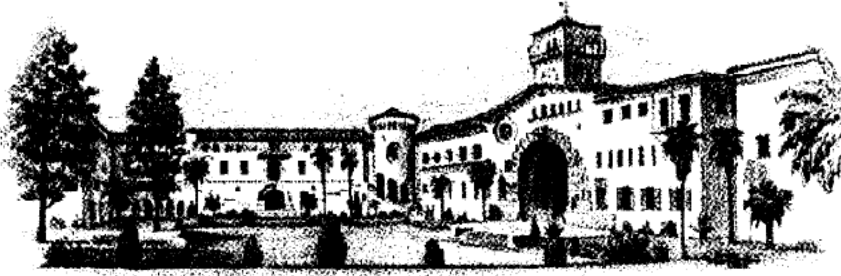


**Bob Nelson**  
County Supervisor  
Fourth District

**Aaron Hanke**  
District Chief



**BOARD OF SUPERVISORS**

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

(805) 346-8407 Santa Maria  
(805) 346-8498 FAX

**County of Santa Barbara**

Date: August 13, 2025

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: August 26, 2025

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: Faith Davis- [REDACTED]

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

Position was formerly held by:

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

4<sup>th</sup> District Supervisor: Bob Nelson

Signed by: 

**COB Information Verification**

☐ Letter of Resignation on file

☐ Vacancy Notice on file

Term:

☐ \_\_\_\_\_ years

☐ Beginning date \_\_\_\_\_

☐ Ending date \_\_\_\_\_