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 entapplication) for which you desire consideration in Box 1. For more Supervisors. Please print in ink or type. Please note that ALL information.	complete information or as	ssistance, conta	ict the Clerk of the Board of
1. APPLYING FOR: (Use Specific Title of Board, Commission or Committee)			TE:
Board Momber CRCP		62	1 16
3. NAME:		4. E-MAIL ADDF	RESS:
Merrith Sharque			*
Last First ()	Middle	5. TELEPHONE:	/
b. AUDRESS:		5. IELEPHONE.	000
V-1- V-1-		Höme:	
Number Stree	t		
Buellton CA 93	3427	Business:	
	Code		
REFERENCES: Give names and addresses of three (3) individuals (not involvement, and abilities.			racter, experience, community
NAME Ar	UDDECC TELE	DHUNE	OCCUPATION
Marylano Edatela pour		 _ <u>-</u>	farm
Deblie Brown	-	l 	farner
Connio Ferrar	, .	1	form
B. Are you, or have you ever been, employed by the County of santa Barbara	7	⊒ No	☐ Yes - if yes, list below
Department: Title:		Date	e:
D. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL):	10. EDUCATION COMPLETED);	
Ethnic or Racial Identity: Sex:			
D White D Male	I 'PhD		
a African American	,		TE A CORVINE ARRIVATION
∃ Hispanic	11. INDICATE SUPERVISOR V	HO WILL RECEIV	E A COPY OF APPLICATION:
o Asian/Pacific Islander o Native American/Alaskan Native	Farr		
o Other (please specify):	1 221 4		
2. EXPERIENCE: Please explain why you are interested in serving, and what necessary.	experience you bring to the (Committee. Attac	ch additional documentation as
market research			
market research	-		
farmer native plant Restoration			

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:

5 24M 6/21/16

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

☐ Copy to Supervisor

DATE RECEIVED

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) Cachuma Desarca Conservation District B-20-16 3. NAME: PATA William H. Last First Middle 6. ADDRESS: Number Street	
3. NAME: PATA WILLIAM H. Last First Middle 6. ADDRESS: Home: Home:	
PATA WILLIAM H. N/A Last First Middle 6. ADDRESS: Home:	
Last First Middle 6. ADDRESS: 5. TELEPHONE: Home:	•
6. ADDRESS: 5. TELEPHONE: Home:	
Home:	
l	
l	π
1	
1	
Lity Zip Code Business:	
7. REFERENCES: Give names and addresses of three (3) individuals (not relatives) who have knowledge of your character, experience, com	munity
involvement, and abilities.	
NAME ADDRESS TELEPHONE OCCUPATION	
Kirk Romain Farmer	
Jim Juril Farmer	
Merle Manfrina Farmer	
8. Are you, or have you ever been, employed by the County of Santa Barbarai 🗆 No 🗓 Yes-if yes, list bel)W
Department: Title: Date:	
9. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL): 10. EDUCATION COMPLETED:	
Ethnic or Racial Identity: Sex:	
MWhite Male Lonpor High School 12 year	12
D'Airtean American	
☐ Hispanic ☐ Hispanic ☐ 11. INDICATE SUPERVISOR WHO WILL RECEIVE A COPY OF APPLICATION OF A Stan/Pacific Islander ☐ 11. INDICATE SUPERVISOR WHO WILL RECEIVE A COPY OF APPLICATION OF A STANDARD OF A	1145
□ Native American/Alaskan Native Supervisor Farz	
Other (please specify):	
12. EXPERIENCE: Please explain why you are interested in serving, and what experience you bring to the Committee. Attach additional documenta	ion as
necessary.	
Long Time Ranching + Farming - previous Board Member	
13. ADDITIONAL INFORMATION: Give any information explaining qualifications, experience, training, education, volunteer activities, community organ memberships, or personal interests that bear on your application for the above Board, Commission or Committee. Attach additional sheets as necessary	
Serving on the Board has been a great Experience	
1 John Comes	
andthope to Continue with The various Conservation	
Serving on the Board has been a great Experience and Prope to Continue with The various Conservation Programs. 14. SIGNATURE OF APPLICANT: William H. Data	

DATE RECEIVED

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

1. SIGNATURE OF APPLICANT:

Johannad Berdley

□ Copy to Supervisor

nstructions: Please complete each supplication) for which you desire con upervisors. Please print in ink or type	sideration in Box 1. For	more complete inform	nation or assistance,	contact the Clerk of the Board of
. APPLYING FOR: (Use Specific Title of Boa	rd, Commission or Committe	ee)	2. TODAY	S DATE:
CAChuma Resource Con	servation Distri	et Boared		th1,2016
. NAME:			4. E-MAIL	ADDRESS:
BRADLEY	Johannah	MAKY	i	11 //
Last	First	Middle /	Jahanna	ih <i>brudley 53 @gmail.co</i> m ^{ONE:}
. ADDRESS:				
350 Camekon An	re		Home: <u>8</u>	65 9373371
Number		Street		
Sporter UARIA PA	93455		Business:	
City'		Zlp Code		
. REFERENCES: Give names and address avolvement, and abilities.	ses of three (3) Individual	s (not relatives) who h	ave knowledge of you	r character, experience, community
NAME		ADDRESS	TELEPHONE	OCCUPATION
T 01'			- 	Chaurman of BOARD
Jim Glines				Community Bank of Sasta Maria
Teeesa Bontrager	152			Barbara Co FALIN BUKERY
Teeesa Bontrager Kevin Herrill		•		CED HESA VINEYAKOS MANAGEMENT COMPANY
. Are you, or have you ever been, employe	ed by the County of Santa B	arbara?		No C Yes - if yes, list below
repartment: Nb	Tit	le:		Date:
. PLEASE CHECK APPROPRIATE BOXES (OP	ΠΟΝΑL):	10. EDUCATION	COMPLETED:	
thnic or Racial Identity:	Sex:	j		
White African American	□ Male _æ Female	BA+		
Hispanic	Jarrelliale		PERVISOR WHO WILL RE	ECEIVE A COPY OF APPLICATION:
Asian/Pacific Islander		221 111210112 30	LINVISOR WITE IN	COLINE A CONT OF ACE CICACIONS
Native American/Alaskan Native		5th 64th 7	. •	
Other (please specify):		3	Districts	
2. EXPERIENCE: Please explain why you are ecessary.	e interested in serving, and	I what experience you bi	ring to the Committee.	Attach additional documentation as
ecessary. I bring 4 gener	ctions of nativit	Santa Maru	a Valley to to	his board. Iam
newy kethra tran 3	I YELKS OF SUC	cesstal teach	ing all at So	nto llavia HighSchool.
and I want to help que	ide our board	in its endeau	vors.	
2 ADDITIONAL INCORPORATION CL.	fa			
3. ADDITIONAL INFORMATION: Give any in temberships, or personal interests that bear	formation explaining qualific on your annifeation for the	cations, experience, traini above Board, Commission	ing, education, voluntee	r activities, community organization
-37 years teaching at S	anta UARIA Ha		FPA INUSIVEM	
- Co-chair GRAND Nationa			FFF HIMITAN	
- Harris Raich Partners				
- Diesector Community	BANK of Sant	o Haria		÷
		,		

7

APPLICATION FOR COUNTY OF SANTA BARBARA BOARD, COMMISSION OR COMMITTEE

COMMISSION, OR COMMITTEE
Return to: Clerk, Board of Supervisors
County Administration Building
105 E. Anapamu Street, Room 407
Santa Barbara, CA 93101

DATE RECEIVED

☐ Copy to Supervisor

INSTRUCTIONS: Please complete each item below. Be sure to enter the title of the Board, Commission, or Committee (only one per application please) for which you desire consideration. For more complete information or assistance contact the Clerk, Board of Supervisors' Office. This application shall be mainteined for a period of one year only. After one year it is necessary to file a new application for another year of eligibility. Please print in ink or type.

year of eligibility. Please print in i	nk or typa.				
1. APPLYING FOR: (Use specific Cachuma Resource	(tile) Conservation District			2. Today's Date: 08-Apr-2014	
3. NAME:			4. E-MAIL ADDR	ESS:	
HAMEL, DAV	VID F.		ı		
Lest		ddle	[
6. ADDRESS:			5. TELEPHONE	:	
			Home:		
Number	8trool				
W			Business:		
	City	Zip Coce	roudedee of vour	character experience commu-	
7. References: Give names and a nity involvement, and abilities.	ddresses of three persons, not rela	lives, who have i	atowiedge or your	rital acter, experience, equality	
NAME	ADDRESS	TELE	PHONE NUMBER	OCCUPATION	
A. Craig Bernard				СРА	
B. Martin Testa		1		Catering	
c. Rușs Pereira	3			Banker	
8. Are you or have you been emplo	oyed by the County of Santa Barba	ra? D YES Q	No If YES, list:		
Department:		Title:		Date:	
9. Please check appropriate boxes Ethnic or racial identity: 3 White Black (African American)	(optional): Sex; 0 Male □ Female	10. Education completed: B.S. Entomology M.S. Agricultural Economics 11. Indicate Supervisor who will receive a copy of this application:			
☐ Hispanic ☐ Aslan/Pacific Islander ☐ Native American/Alaskan Native ☐ Other (Please specify)		Peter Adam			
ment. Currently serve	in agriculture as a lend e as vice president and b ociation. Previously, I so lewick Ranch.	er, appraise poard memb erved on the	er, consultan per for state- e board over	t and farm manage- wide appraisal and seeing the county's	
Attach additional shoots as necessary See attached resume.	ary.	он усы аррасац	on to above boats	, commission, or committee.	
				·	
4. SIGNATURE OF APPLICANT	7 7				

Dane Harrow -

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.

Supervisors. Please print in in						, and is subject to disclosure.
1. APPLYING FOR: (Use Specific T	Itle of Board, Commissio	n or Committee)		····-	2. TODAY'S DA	YTE:
Director, Cachun	na Resource	Conserva	ation Distr	rict	12-17-2	015
3. NAME:		-			4. E-MAIL ADD	RESS:
Bettebcourt	Lee		F.		1	-
Last	First		Middle		ı 	.
6. ADDRESS:					5. TELEPHONE	
					44	
Numb	per	Stre	et		Home:	
	-	52			:	
					Business:	was a second
7. REFERENCES: Give names ar	ad addragence of three		Code		d-a -6 ala	
involvement, and abilities.	in anniesses of three f	(2) maividuais (no	c relatives) who h	iave knowie	age or your cn	aracter, expenence, community
NAME		A	DDRESS	TELE	PHONE	OCCUPATION
Judy Ac	lams			1,		Rancher
Art Kni	ght					Retired
Eric Cal	llewb			1 .	,	Farmer
8. Are you, or have you ever beer	, employed by the Coun	ty of Santa Barbara	1?	· · · · · · · · · · · · · · · · · · ·	m No	a Yes - if yes, list below
Department:		Title:			Dat	e:
9. PLEASE CHECK APPROPRIATE B	OXES (OPTIONAL):		10. EDUCATION	COMPLETED):	
Ethnic or Racial Identity:		Sex:				
White African American		Ħ Male	High So	chool		
D Hispanic		□ Female				VE A COPY OF APPLICATION:
□ Asian/Pacific Islander			II. INDICATE SU	PERVISOR V	AHO MILL RECEI	VE A COPY OF APPLICATION:
□ Native American/Alaskan Native			Doreen	Farr		
Other (please specify):						
12. EXPERIENCE: Please explain w necessary.	ny you are interested in	serving, and what	experience you bi	ring to the (Committee. Atta	ch additional documentation as
live in the Santa Ynez N	Valley and I am a	farmer 1 am	interested in	r00011r00		
many years as a director	of the Cachuma	Resource Co	nconvetion D	iesource	conservati	on. I have served for
ooard.	o. the edonana	ricsource of	niservation D	ustrict. H	ena scope :	and experience to the
•						
						Į
ADDITIONAL INCORMATION C						
13. ADDITIONAL INFORMATION: G nemberships, or personal interests	that hear on your application.	aining qualifications	s, experience, traini	ing, educatio	n, volunteer act	vities, community organization
nemberships, or personal interests	and bear on your applic	erron for the appace	Board, Commission	n or Commit	tee. Attach addit	ional sheets as necessary.
			/.			
		V				
	/ /	111				
4. SIGNATURE OF APPLICANT:	7-1/	11/1	A		·	
	//					į

APPLICATION

FOR

COUNTY OF SANTA BARBARA BOARD, COMMISSION, OR COMMITTEE

Rotum to: Clerk, Board of Supervicors
County Administration Budding
108 E. Arapannu Street, Room 407
Sprite Burbars, CA 93101

DATE RECEIVED

Copy to Supervisor

INSTRUCTIONS: Please complete such item below. Be sure to enter the title of the Board, Commission, or Committee (unity one per application please) for which you desire consideration. For more complete information or sentimence conjust the Clark, Board of Supervisors' Office. This application shall be maintained for a parted of one year only. After one year it is necessary to file a new application for another or another plants by the page print in lack or type.

Office. This application shall be maintained for a period of one year out year of algibility. Please print in link or type.	Y Wast our Ame	Likish stockesers A ro	the of them upbressest for extenses	
1.APPLYING FOR: (Use specific tille) DIRECTOR— CACHUMA RESOURCE COS	BRV. DI	ISTRICT	2. Today's Date: MARCH 31, 2016	
3.NAME SCOLARI, LeROY NMN		NONE	Œ68:	
Loci Post Mile				
6. ADDRESS:		5. TELEPHONE	:	
(B. ADDRESS:	•	6		
Now.		, - , -		
Hwest.	•			
LOMPOC.CALIF. 93436	Zia Code	Bushness (
7. References: Give names and addresses of three persons, not residues, who have knowledge of your character, experience, commu-				
7. References: Give names and addresses of area passess in the passess in a rity involvement, and abilities.				
NAME ADDRESS	TELET	PHONE NUMBER	OCCUPATION	
WILLY	L		RANCHER	
CHAMBERLIN			FARMER	
BKENNETH PATA	. 1 _		PARTIER	
CGARY CAVALETTO			farmer	
8. Are you or have you been employed by the County of Santa Burbara	a? 🗆 YES 🙎	No HYES, Int		
Department				
9. Picase chack appropriate boxes (optional):		completed:	ERKRIEY 4 YR.	
Elliniteer radal identify: Sax White	UNIV.	CALIF. B	ERKELEY 4 YR.	
Ti Black (African Amarican) Ti Pemelo Di Hispanio	11. Indicate Gr	Illy only restyrage	ecolve a copy of this application:	
CI Astert/Pacific Islander		FARR	AND ADAM S	
O Nativo American/Afaskan Nativo O Other (Piesse aposity)				
12. EXPERIENCE: Please socials why you are bilerested in surving at	od while experien	see you bring to the	a Commission or Committee for	

12, EXPERIENCE: Please explain why you are interested in sorving and what experience you bring to the Commission or Commission for which you are applying.

OVER 20 years working with resource conservation practices and am committed to promoting soil and water consevation. Lifetime Rancher-operate Cattle Ranchin family operation over 12 years on CACHUMA RCD BOARD since 1884

13. ADDITIONAL INFORMATION: Give any information explaining your qualifications, experience, troining, education, volunteer authories, community organization memberships, or personal interests that beer on your application for above Board, Commission, or Commission. Attach additional shoots as necessary.

presently chairman Central Coast Area Association of Resource Conservation Districts.

Currently a member of the Calif. Association Of

Resource Connservation Districts 80ARD OF Directors. Chairman SBCO agricultural Rlement Committee -1980-1992

Agricultural Advisory Committee

37th District Board of Directors- over 12 years (Fair Board)

Lakox Sadarie

APPLICATION

FOR

COUNTY OF SANTA BARBARA BOARD,

COMMISSION, OR COMMITTEE
Return to: Clerk, Board of Supervisors
County Administration Building
105 E. Anapamu Street, Room 407
Santa Berbara, CA 93101

DATE RECEIVED

Copy to Supervisor

INSTRUCTIONS: Please complete each item below. Be sure to enter the title of the Board, Commission, or Committee (only one per ap-

APPLYING FOR: (Usg specific title	achiena 1	2. C. D.		2. Today's Dale: 3-25-14 RESS:
NAME:	200101110	110000	4. E-MAIL ADDR	RESS:
	-	17/ /		
Wegis 1	GMC5	HIOH	1 1 my + "	withour or in .
ADDDCOO.			5, TELEPHONE	
ADDRESS: , ,			j	
1171	Streat		Home:	
Hamber				
Maricopa	932	7)	Business:	
	City	23 Coco	dadaa af ways	character eventiance commi
. References: Give names and addressity involvement, and abilities.	sses of three persons, not	relauves, who have i	cnowledge of your	Cileracter, experience, commit
NAME	ADDRESS	TELE	PHONE NUMBER	OCCUPATION
2. / 10 1/		1 7741	-	
Richard Russell	•		-	trong!
· Cruzilaboz 1	•	1		Quada Marga
2100000				-war-c r water
GARYCAVALETTS				FARMER
Are you or have you been employed	by the County of Santa Ba	arbara? [] YES [2]	No If YES, list:	
		Tille:	*	Date:
epartment:				Date
. Please check appropriate boxes (op	tional):	10. Education	completed:	
thnio or racial identity: White	Sex:	DC	= _	M. 4
Black (African American)	☐ Female	D ₁ O ₁	1 arm	Management
Hispanic Aslan/Pacific Islander	•	11. Indicate St	ipervisor who will n	eceive a copy of this application
Native American/Alaskan Native				
Other (Please specify)				
. EXPERIENCE: Please explain why	you are interested in servi	ng and what experier	ice you bring to the	Commission or Committee (c
nich you are applying.				
Farmed in a	Pretrice Co	lart	35 You	av.C.
1 armed in c	ASTICT TO	rosi	ou les	
Approximately				
. ADDITIONAL INFORMATION: Give mmunity organization memberships,	any information explaining or necessal interests that h	your qualifications, e	experience, training	, education, volunteer activitie
ach additional sheets as necessary.	o, porocital interests that b	oar on your applicant	NI IOI BOOVE DOSIG	, Commission, or Commilles.
				•

Return to: Clerk of the Board of Supervisors F. Anapamu Street, Room 407

~ ~ ~~	DECEMBEL.
DAIP	MECTION
UALL	RECEIVED

☐ Copy to Supervisor

	105 E. Anapamu Sueec, Noon			- lesion	or Committee (only one per		
application) to wine	Santa Barbara, CA 93101 complete each section below. n you desire consideration in Borint in ink or type. Please note the	MI ALL IIIO	the title of the nplete information provided is a ma	2. TODAY'S D	AIE:		
Subervisors, Freeze F.	1. Commission C	x Committee)		11/25/2	2015		
1. APPLYING FOR: (Use	Specific Title of Board, Commission of Board, Commi	tion Distric	it j	4. E-MAIL AD	The same of the sa		
Cachuma Ri	esource Conserva	COTT		4. E-MAIL AU	DRESS.		
3. NAME:		P	eter	1	احدد ۹۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰		
Cavaletto	Gary		Middle				
las	t First		Wildie	5. TELEPHON	IE:		
6. ADDRESS:				1			
6, ADDRESS,				Home:			
		Street	:				
·	Number 93117			Business:	Business:		
Goleta							
	City	ZIP C	milatives) who have	e knowledge of your	character, experience, community OCCUPATION		
7. REFERENCES: Give	e names and addresses of three	(3) IUDIAIDINE (IN)	(cours)		2001000000		
involvement, and abil	mes.	AL	DRESS	TELEPHONE	OCCUPATION		
	NAME				Owner, Big Green Cleaning		
A	llen Williams			1	Owner, by Green Cleaning		
	Bill Oliphant	1,			retired teacher		
Р	eter Jordano	 i		I =	Chairman, Jordano's		
8. Are you, or have y	ou ever been, employed by the Cou	nty of Santa Barbara	97	•	■ No □ Yes - if yes, list below		
Department:		Title:			Date:		
9. PLEASE CHECK API	PROPRIATE BOXES (OPTIONAL):		10. EDUCATION	COMPLETED:			
Ethnic or Radal Ident	tity:	Sex:					
5 White		w Male	2 years college				
African American		D Female					
Hispanic Asian/Pacific Island	lo.		11. INDICATE SU	PERVISOR WHO WILL R	ECEIVE A COPY OF APPLICATION:		
☐ Native American/A			347 16				
D Other (please speci	fy):		Wolfe				
12. EXPERIENCE: Ple	ase explain why you are interested	in serving, and wha	t experience vou hi	ing to the Committee	Attach additional documentation as		
necessary.		with 1910	- myranonou you bi	to the committee.	Accordance accommentation as		

Tổ provide landowners in Santa Barbara County with resources to help them maintain agriculture viability through soil and water conservation. To help these same people handle the myriad governmental regulations and guidelines to accomplish successful agricultural production. My Board experience has been in excess of 25 years.

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.

APPLICATION FOR

COUNTY OF SANTA BARBARA BOARD,

DATE RECEIVED

COMMISSION, OR COMMITTEE
Return to: Clerk, Board of Supervisors
County Administration Building Copy to Supervisor 105 E. Anapamu Street, Room 407 Santa Barbara, CA 93101 INSTRUCTIONS: Please complete each item below. Be sure to enter the title of the Board, Commission, or Committee (only one per application please) for which you desire consideration. For more complete information or assistance contact the Clark, Board of Supervisors' plication please) for which you desire consideration. For more complete information or assistance contact the Clark, Board of Supervisors' office. This application shall be mainteined for a period of one year only. After one year it is necessary to file a new application for another contact the Clark place of the Contact year of eligibility. Please print in ink or type. 1. APPLYING FOR: (Use specific title) 4. E-MAIL ADDRESS: IA:do 5. TELEPHONE: 6. ADDRESS: Home: 7. References: Give names and addresses of three persons, not relatives, who have knowledge of your character, experience, community involvement, and abilities. NAME ADDRESS TELEPHONE NUMBER OCCUPATION В. Are you or have you been employed by the County of Santa Barbara? П YES y No If YES, list: Department: Date: 9. Please check appropriate boxes (optional): 10. Education completed: Ethnic or racial identity: White Bleck (African American) Sex: 🗆 Èemale ☐ Hispanic O Asian/Pacific Islander 11. Indicate Supervisor who will receive a copy of this application: Native American/Alaskan Native
 Other (Please specify) 12. EXPERIENCE: Please explain why you are interested in serving and what experience you bring to the Commission or Committee for tarming expensions 13. ADDITIONAL INFORMATION: Give any information explaining your qualifications, experience, training, education, volunteer activities, community organization memberships, or personal interests that bear on your application for 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, Board of Supervisors
County Administration Building
105 E. Anapamu Street, Room 407
Santa Barbara, CA 93101

DATE RECEIVED

☐ Copy to Supervisor

m below. Be sure to enter the title of the Board, Commission, or Committee (only one per ap-

1. APPLYING FOR: (Use specific till LIRECTOR (PACHUMA R	CD		2. Today's Dato: 3-25-/
3. NAME:	o /		4. E-MAIL ADD	RESS:
FLETCHER	S, LON ED	WARD		
Lost	/ Flat	Modes		
6. ADDRESS:	Λ ~		F TELEPHONE	;
			Munu.	• • •
Paumber	Stroot			
SANTA MARIA	A. (33405	Busine	
7. References: Glya pamas and 11	Asiy	Zip Coda		
7. References: Give names and addi nity involvement, and abilities. NAME	esses of three persons, not rel	atives, who have kno	wledge of your	character experience a
NAME	ADDRESS			
A. CARI (Ala) em		- TEECLU	ONE NUMBER	OCCUPATION
8/2D C				FARMER
LEKOY SCOLARI				- THITICIC
C. DALE HAMOTA				FARMER
B. Are you or have you		· Image	}	F17 2
B. Are you or have you been employed Department:	by the County of Santa Barbar	B? E YES ON N	O IFVES Note	POTICINER
Please check appropriate boxes (opti	onal):			Date:
thnic or racial identity: White	Sex:	10. Education com	pleted;	
Black (African American)	⊅ Male	MAD	F/000	+ BOUNTE
Asian/Pacific Iolenda	□ Female			
Naive American/Alaskan Au		11. Indicate Superv	sor who will rece	eive a copy of this applica
outst (Flease specify)				
EXPERIENCE: Please explain why you are applying. OONRO MEMBER	IU SIG internated in			
Ich you are applying. OONRO MITMISTA	a die interested in serving and	l what experience yo	u bring to the Co	ommission or Committee
CONKO MEMBER	e CHCD S	INCE	1900	or committee
			110	
ADDITIONAL INFORMATION: GIVE CO.	. !-!-			
ADDITIONAL INFORMATION: Give any munity organization memberships, or p	/ Information explaining your quersonal interests that bear a	ualifications, experie	nce, training, ed	ucation voluntees II to
ADDITIONAL INFORMATION: Give any munity organization memberships, or p ch additional sheets as necessary.	r information explaining your q ersonal interests that bear on y	ualifications, experie your application for a	nce, training, edi bove Board, Coi	ucallon, volunteer activit mmission, or Committee
MCTIVE ADV	OCATE FOR	CANCE	a listin	
MOTIVE ADV	OCATE FOR	CANCE	a listin	
MCTIVE ADV	OCATE FOR	CONSTE DNEE	CVITTIO, WORKI	N OF
MCTIVE ADV	OCATE FOR	CONSTE DNEE	CVITTIO, WORKI	N OF
SOIL AND CO	OCATE FOR	CONSTE DNEE	CVITTIO, WORKI	N OF
MCTIVE ADV	OCATE FOR	CONSTE DNEE	CVITTIO, WORKI	W OPE W6 ON
SOIL AND CO	OCATE FOR	CONSTE DNEE	CVITTIO, WORKI	W OPE W6 ON
SOIL AND CO	OCATE FOR	CONSTE DNEE	CVITTIO, WORKI	W OPE W6 ON
SOIL AND CO	OCATE FOR	CONSTE DNEE	CVITTIO, WORKI	W OPE W6 ON

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 pe	er.
application) for which you desire consideration in Box 1. For more complete information or assistance, contact the Clerk of the Board of	ρf
Supervisors. Please print in ink or type. Please note that ALL information provided is a matter of public record, and is subject to disclosure.	
Supervisors. Please print in link of type, Please note that ALE information provided to a matter of passage print in link of type, Please note that ALE information provided to a matter of passage print in link of type.	

Supervisors. Please print in link or type. Please note tha	IL ALL INIOI III ALIO	it broomen is a in	atter of public reco	ita) una 15 outjust 15 utot 15
1. APPLYING FOR: (Use Specific Title of Board, Commission or	Committee)	~	2. TODAY'S	DATE:
	$\mathcal{Q} \mathcal{L}$	1)		15-2016
Director Lachuma	11:6:	ν	9	10 20/2
3. NAME:	-		4. E-MAIL A	ADDRESS:
1 days	L	lan	ĺ	
Wegis James		1av		
J _{Last} First		Middle		
6. ADDRESS:			5. TÉLEPHO	NE?
1 100 -				•
			Home.wwj	1 100
Number	Street			
Mariana	<i>a</i> つつ	~~		
Maricopa	$-/\mathcal{I}$	<i>) X</i>	Business: 🐔	WI JIM JAIV
City	Zip Cod	le		
7. REFERENCES: Give names and addresses of three (3)	individuals (not re	latives) who have	knowledge of your	character, experience, community
involvement, and abilities.				
NAME	ADD	RESS	TELEPHONE	OCCUPATION
Di I Di	-	Ţ		1 = 0 = 0 = 0
Michard Kussell			/	i Farmer
Vale Jackson		.,	¥ 1 × 2 4	rarmer
	,	•		Division
Duff Price			1	13651Acss Mch
8. Are you, or have you ever been, employed by the County of	of Santa Barbara?	,	Þ	♦No ☐ Yes - if yes, list below
Department:	Title:			Date:
			hani eten.	
9. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL):	ſ	LO. EDUCATION CO	MINIPLETED:	
	Sex:	1"	7 (
	Male	1	$\leq \leq$	
□ African American □	Female	4)	CONT. A CORVINE ADDITION
□ Hispanic	-	11. INDICATE SUPE	KAIZOK MHO MITT KE	ECEIVE A COPY OF APPLICATION:
□ Asian/Pacific Islander	1			
□ Native American/Alaskan Native				
□ Other (please specify):				Attack additional decumentation as
12. EXPERIENCE: Please explain why you are interested in se	erving, and what ex	perience you brin	g to the Committee,	Attach additional documentation as
necessary. Lived 62 of my	60 Yrc 1	in Cura	ma Gelle	y + tarmed
Lived 6x 03 "		" Cay		
in my present Location	La BT	W. T.)	Locateda
IN MY PRESENT LOCATION	101 05	ソフ. ひ	oca a Ca	THEZION OB
	17 # A	06	3 6 0 0 00	
The Cyyama + Cach uma	77.60	\mathcal{L}_{i}	415	
, , , , , , , , , , , , , , , , , , , ,		V	, —	
	. 1-6		duration valuator	or activities, community organization
13. ADDITIONAL INFORMATION: Give any information explain	ning qualifications,	experience, training	s, education, voluntee	additional cheets as necessary
memberships, or personal interests that bear on your applicat	ion for the above B	oard, Commission	of Committee. Account	additional success as recessory.
•				
		7 77		
	1 II	111000	· ·	
14. SIGNATURE OF APPLICANT (177104)	7 /7 +	VILANI	<u></u>	
14. SIGNATORE OF ALTERNATION CALL A PARTY				

DAIL NECEIVED

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

□ 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) 2. TODAY'S DATE: 5. TELEPHONE: Number Street City Zip Code REFERENCES: Give names and addresses of three (3) individuals (not relatives) who have knowledge of your character, experience, community volvement, and abilities. NAME **ADDRESS** TELEPHONE OCCUPATION Are you, or have you ever been, employed by the County of Santa Barbara? Ç⁄No ☐ Yes - if yes, list below partment: Title: Date: PLEASE CHECK APPROPRIATE BOXES (OPTIONAL): 10. EDUCATION COMPLETED: nic or Racial Identity: Sex: Vhite Male B. S. frican American Female 11. INDICATE SUPERVISOR WHO WILL RECEIVE A COPY OF APPLICATION: ispanic sian/Pacific Islander ative American/Alaskan Native ther (please specify): EXPERIENCE: Please explain why you are interested in serving, and what experience you bring to the Committee. Attach additional documentation as essary. 50 years faming expenience DDITIONAL INFORMATION: Give any information explaining qualifications, experience, training, education, volunteer activities, community organization berships, or personal interests that bear on your application for the above Board, Commission or Committee. Attach additional sheets as necessary. **GNATURE OF APPLICANT:**