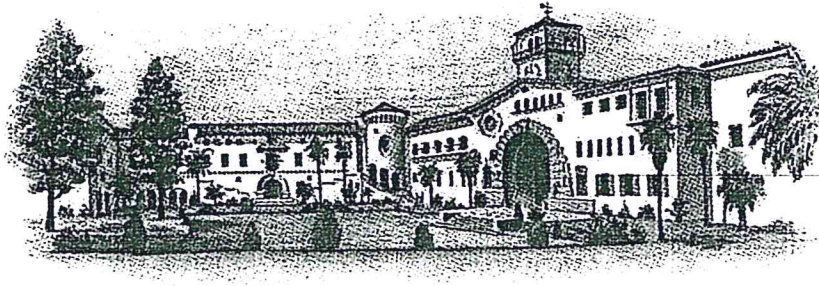


STEVE LAVAGNINO
County Supervisor, Fifth District
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SANDY AGALOS
Administrative Assistant
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COUNTY OF SANTA BARBARA

February 18, 2016

Clerk of the Board of Supervisors
County of Santa Barbara
105 E. Anapamu St., 4th floor
Santa Barbara, CA 93101

For placement on the agenda for the meeting of: March 1, 2016

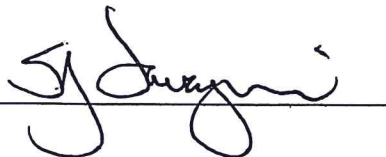
Re: Reappointment of Robert Barry Doyle

I would like to recommend the reappointment of Robert Barry Doyle to the Housing Authority Board of Commissioners:

Appointee: Robert Barry Doyle

Reappointment will represent the Fifth District on this commission.
Term expires: December 31, 2019

Fifth District Supervisor: Steve Lavagnino

Signed by: 

<p>APPLICATION FOR COUNTY OF SANTA BARBARA BOARD, COMMISSION OR COMMITTEE</p> <p>Return to: Clerk of the Board of Supervisors 105 E. Anapamu Street, Room 407 Santa Barbara, CA 93101</p>	<p>DATE RECEIVED</p> <p><input type="checkbox"/> Copy to Supervisor</p>
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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.

<p>1. APPLYING FOR: (Use Specific Title of Board, Commission or Committee)</p> <p style="font-size: 1.2em;">Housing Authority Board of Commissioners</p>	<p>2. TODAY'S DATE:</p> <p style="font-size: 1.2em;">2/14/16</p>
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<p>3. NAME:</p> <p style="font-size: 1.2em;">Doyle Robert Barry</p> <p style="font-size: 0.8em; margin-left: 20px;">Last First Middle</p>	<p>4. E-MAIL ADDRESS:</p>
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<p>6. ADDRESS:</p> <p>_____</p> <p style="text-align: center; font-size: 0.8em;">Number Street</p> <p>_____</p> <p style="text-align: center; font-size: 0.8em;">City Zip Code</p>	<p>5. TELEPHONE:</p> <p>Home: _____</p> <p>Business: _____</p>
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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
Alex Posada			
Joyce Allen Lippman			
Dr. Mike Moats			

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

Department: _____ Title: _____ Date: _____

<p>9. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL):</p> <p>Ethnic or Racial Identity:</p> <p><input checked="" type="checkbox"/> White Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p><input type="checkbox"/> African American <input type="checkbox"/> Female</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Asian/Pacific Islander</p> <p><input type="checkbox"/> Native American/Alaskan Native</p> <p><input type="checkbox"/> Other (please specify): _____</p>	<p>10. EDUCATION COMPLETED:</p> <p style="font-size: 1.2em;">B.A.</p> <p>11. INDICATE SUPERVISOR WHO WILL RECEIVE A COPY OF APPLICATION:</p> <p style="font-size: 1.2em;">Steve Larganito</p>
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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.

See Attached

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.

See Attached

14. SIGNATURE OF APPLICANT: Robert B Doyle