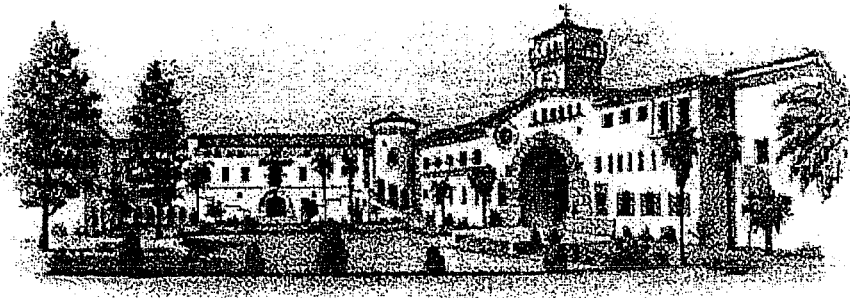


**Peter Adam**  
Fourth District Supervisor



**Fourth District Office**  
100 E. Locust Ave., Ste. 101  
Lompoc, CA 93436  
officeofpeteradam@countyofsb.org

**COUNTY OF SANTA BARBARA**

Date: August 7, 2013

Clerk of the Board of Supervisors  
County of Santa Barbara  
105 East Anapamu Street  
Santa Barbara, CA 93101

2013 AUG -9 PM 1:27  
COUNTY OF SANTA BARBARA  
CLERK OF THE  
BOARD OF SUPERVISORS

RE: Committee, Commission or Board District Appointment

For placement on the Board of Supervisors agenda for the meeting of:

August 20, 2013

I would like to recommend the ☐ appointment/ ☒ reappointment of the following person to the:  
Library Advisory Commission

Salutation: ☐ Mr ☒ Mrs ☐ Ms.  
Full Name of Appointee: Barbara Raggio  
Address:  
City/State/Zip:  
Home Phone:  
Work Phone:  
E-mail:

Appointee will represent the Fourth District on this commission.  
Position was formerly held by: (re-appointment)  
☐ Check box only if this appointment is filling an unexpired vacancy.

Fourth District Supervisor: Peter Adam

Signed by:

**COB Information Verification**

- ☐ Letter of Resignation on file  
☐ Vacancy Notice on file

Term:

- ☐ \_\_\_\_\_ years  
☐ Beginning date \_\_\_\_\_  
☐ Ending date \_\_\_\_\_

<b>APPLICATION FOR COUNTY OF SANTA BARBARA BOARD, COMMISSION, OR COMMITTEE</b> Return to: Clerk, Board of Supervisors County Administration Building 105 E. Anapamu St., Room 407 Santa Barbara, CA 93101	<b>DATE RECEIVED</b>  2013 AUG -9 PM 1:27  <input type="checkbox"/> Copy to Supervisor
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COUNTY OF SANTA BARBARA  
 CLERK OF THE  
 BOARD OF SUPERVISORS

**INSTRUCTIONS:** Please complete each item below. Be sure to enter the title of the Board, Commission, or Committee (only one per application) for which you desire consideration. For more complete information or assistance, contact the Clerk, Board of Supervisors' Office. This application shall be maintained 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.**

1. APPLYING FOR (use specific title): <u>Library Advisory Commission</u>	2. Today's Date: <u>8/6/13</u>
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3. NAME <u>RAGGIO BARBARA JEAN</u> Last First Middle	4. E-MAIL ADDRESS:
--	--------------------

5. ADDRESS  Number Street  City Zip Code	6. TELEPHONE:  Home: <u>Cell</u> Business:
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7. References: Give names and addresses of three persons, not relatives, who have knowledge of your character, experience, community involvement, and abilities.

NAME	ADDRESS	PHONE NUMBER	OCCUPATION
A. <u>Alice Down</u>			<u>retired</u>
B. <u>Steve Jordan</u>			<u>farmer</u>
C. <u>Frank Signorelli</u>			<u>retired</u>

8. Are you or have you been employed by the County of Santa Barbara? ☐ YES ☐ NO If YES, list:

Department	Title	Date

9. Please check appropriate boxes (optional): Ethnic or racial identity: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black (African American) <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other (Please specify)	10. Education completed:  <u>BS degree</u>  11. Indicate supervisor who will receive a copy of this application:  <u>Peter Adam</u>
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12. EXPERIENCE: Please explain why you are interested in serving and what experience you bring to the Board, Commission, or Committee for which you are applying.

Former teacher, volunteer at Lompoc Library for 8 years.

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.

Lompoc Woman of Year ? 2008?  
Volunteer Lompoc Hospital Foundation

SIGNATURE OF APPLICANT	X <u>Barbara Raggio</u>
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