## Santa Barbara County Boards & Commissions

| Profile                          |                  |              |             |
|----------------------------------|------------------|--------------|-------------|
| Sharyne                          | Merritt          |              |             |
| First Name                       | Last Name        |              |             |
| Email Address                    |                  | 3            |             |
| Street Address                   |                  | Suite or Apt |             |
| Buellton                         |                  | CA           | 93427       |
| City                             | - Vanila voltage | State        | Postal Code |
| Third District                   |                  |              |             |
| What district do you live in?    |                  |              |             |
| Mobile: (                        | Mobile:          |              |             |
| Primary Phone                    | Alternate Phone  |              |             |
| Which Boards would you like      | to apply for?    |              |             |
| Mary Jane Edatalapour            |                  |              |             |
| , Buellton, CA                   |                  |              |             |
| 5                                |                  |              | a           |
| Reference 1 Telephone            |                  |              |             |
| farmer<br>Reference 1 Occupation |                  |              |             |
| Jane Gray<br>Reference 2 Name    |                  |              |             |

| Goleta, CA  |  |  |
|---|--|--|
| Reference 2 Address   |  |  |
| ~~/   |  |  |
| Reference 2 Telephone   |  |  |
| planner   |  |  |
| Reference 2 Occupation  |  |  |
|   |  |  |
| Art Hibbits   |  |  |
| Reference 3 Name  |  |  |
| Lompoc, CA  |  |  |
| Reference 3 Address   |  |  |
|   |  |  |
| Reference 3 Telephone   |  |  |
| farmer  |  |  |
| Reference 3 Occupation  |  |  |
| If you are now, or have ever bee department in which you worked   | n employed by the Could, your title, and the date        | nty of Santa Barbara, please list the es you were employed.                                  |
| Interests & Experiences   |  |  |
| Please explain why you are inter<br>Committee. Attach additional do   |  |  |
| As an organic farmer, I am interested environment. I bring experience in fa   | in policies that impact agr<br>m management, legislative | iculture as well as policies that impact the analysis, and research.                         |
| Give any information explaining activities, community organization application for the above Board, documentation as necessary. | on memberships, or per                                   | ce, training, education, volunteer sonal interests that bear on your ttee. Attach additional |
| see attached resume   |  |  |

| SMerrittResume 2016.docx   |
|--|
| Upload a Resume  |
|  |
|  |
| Please attach any additional documents here  |
|  |
| Demographics   |
|  |
| Prefer not to Answer   |
| Ethnicity  |
|  |
| Democrat   |
| Political Party  |
| Female   |
| Gender   |
|  |
| Date of Birth  |
|  |
| Education Completed:   |
|  |
| Ph.D.  |
| Diagon Anna with the E. Harris Otto  |
| Please Agree with the Following Statement  |
| Logran that upon submission of this application all information will be a submission of the submission |
| I agree that upon submission of this application all information provided is a matter of public  |
| record, and is subject to disclosure.  |
|  |
| ✓ I Agree *  |
|  |

## APPLICATION FOR COUNTY OF SANTA BARBARA BOARD, COMMISSION OR COMMITTEE

Return to: SB Ag Commissioner's Office 624 W. Foster Road Santa Maria, CA 93455

| DAT | ER | EC | Eľ | VE |  |
|-----|----|----|----|----|--|
|     |    |    |    |    |  |

| 1  | Santa Maria, C   | A 93455      |                   | 1                              |  |                             |                                 |  |
|--|--|--------------|-------------------|--------------------------------|--|-----------------------------|---------------------------------|--|
|  |  |              |                   |                                |  |                             |                                 |  |
| 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 )  |  |              |                   |                                | 2. TODAY'S   |                             |                                 |  |
| AAC, Aa  | riculture Advisor  | v Com        | mittoo            |                                | PARTICIPATION OF THE PARTICIPA |                             |                                 |  |
| 3. NAME:   | Tourtaio / taylool   | y Com        | millee            |                                |  | 12-16                       | -16                             |  |
| S. IVALVIE,  |  |              |                   |                                |  | 4. E-MAIL ADDRESS:          |                                 |  |
|  | Happé  | Wilja        |                   |                                |  |                             | -                               |  |
|  | Last   | First        |                   | Middle                         | -  | 1                           |                                 |  |
| 6. ADDRESS:  | Number & Stree   |              |                   | IVIIGGIE                       |  | 5. TELEPHO                  | NIC.                            |  |
|  |  |              |                   |                                |  | 3. IELEPHO                  | NE;                             |  |
|  | C'. 0 m  |              |                   |                                |  | Home:                       |                                 |  |
|  | City & Zip   |              |                   |                                |  |                             |                                 |  |
|  | carpinteria  |              | ca                | 93014                          |  |                             |                                 |  |
|  |  |              |                   |                                |  | Business: _                 |                                 |  |
| <ol><li>7. REFERENCES:<br/>involvement, and</li></ol>  | Give names and addresses of abilities.   | three (3) in | dividuals (not    | relatives) who hav             | ve knowledg  | ge of your c                | haracter, experience, community |  |
|  | NAME   |              | AI                | DDRESS                         | TELE   | PHONE                       | OCCUPATION                      |  |
|  | jennifer chavez  |              |                   |                                |  | TIONE                       | OCCUPATION                      |  |
|  | red van wingerden  |              |                   | arpinteria, ca                 | -  |                             | PR and marketing                |  |
| VVIII  |  |              | carpinteria, ca 1 |                                |  |                             | cut flower grower/ farmer       |  |
|  | Joel Reed  |              |                   | , foothill rd, Carpinteria, CA | A E  | headmaster Carden           |                                 |  |
| 8. Are you, or hav   | e you ever been, employed by t   | he County of | Santa Barbara?    |                                |  | A                           | No ☐ Yes - if yes, list below   |  |
| Department:  |  |              |                   |                                |  | (=)                         | 2 res il yes, list below        |  |
|  |  |              | Title:            |                                |  | D                           | ate:                            |  |
| 9. PLEASE CHECK  | APPROPRIATE BOXES (OPTIONA   | L):          |                   | 10. EDUCATION C                | COMPLETED  | •                           |                                 |  |
| Ethnic or Racial Ide   | entity:  | S            | ex:               |                                |  | •                           |                                 |  |
| ☐ African American   |  |              | Male university   |                                |  |                             |                                 |  |
| ☐ Hispanic   | •  | ΩF           |                   |                                |  |                             |                                 |  |
|  | Asian/Pacific Islander 11. INDICATE SUPERVISOR WHO WILL RECEIVE A COPY OF APPLICATION: |              |                   |                                |  | EIVE A COPY OF APPLICATION: |                                 |  |
|  | Native American (Alaska, Native  |              |                   |                                |  |                             |                                 |  |
| □ Other (please specify): Carbaja  |  |              | al/ Wi            | lliams                         | :  |                             |                                 |  |
| 12. EXPERIENCE: Please explain why you are interested in serving, and what experience you bring to the Committee. Attach additional documentation as necessary.  |  |              |                   |                                |  |                             |                                 |  |
|  |  |              |                   |                                |  |                             |                                 |  |
| Served as alternate on AAC for the Santa Barbara County Flower Growers Assoc; as a long-time farmer of cut-flowers and bouquet manufacturer, I am extremely interested in the direction the BOS supervisors takes on agricultural issues: water, labor, land use and all other decisions affecting small businessess in the County. I enjoyed serving on AAC as an alternate for June van Wingerden and am now looking looking California Women for Agriculture (CWA) on AAC. I enjoy the diverse group of farmers from the entire county who serve on brocess. I recognize AAC as one of the few groups in the county whose opinion is still heard and valued by our Board of Supervisors   |  |              |                   |                                |  |                             |                                 |  |
| 3. ADDITIONAL INFORMATION: Give any information explaining qualifications, experience, training, education, volunteer activities, community organization   |  |              |                   |                                |  |                             |                                 |  |
|  |  |              |                   |                                |  |                             |                                 |  |
| 8 years member of CWA, serving in many board positions and currently serving on the State Wide Executive Committee. Attach additional sheets as necessary. hairwoman of the California Cut Flower Commission, the State mandated marketing order for cut-flowers and greens serving all the flower growers in CA. Past board member out the County: Carpinteria Valley with field crops and cut flower crops in greenhoses; "Veriflora" and "American Grown" - certified. Past board member in the noting financial services for young and upcoming farmers in CA. Bouquet maker and shipper for direct-to-consumer outlets. Served on many National boards for cut flower covers and wholesalers and retailers. Past president California State Floral Assoc, organizing visits to Sacramento and helping with National Farm Day / Week - events in |  |              |                   |                                |  |                             |                                 |  |
|  |  |              |                   |                                |  |                             |                                 |  |

14. SIGNATURE OF APPLICANT:

## APPLICATION FOR COUNTY OF SANTA BARBARA BOARD, COMMISSION OR COMMITTEE

Return to: SB Ag Commissioner's Office 624 W. Foster Road Santa Maria, CA 93455

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|----|----|---|----|-----|----|---|
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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.

| APPLYING FOR: (Use Specific Title of Board, Commission or Committee)  | 2. TODAY'S DATE:  |  |  |  |  |
|---|---|--|--|--|--|
| Ag Advisory Committee   | 12/28/16  |  |  |  |  |
| 3. NAME:  | 4 F-MAII ADDRESS:   |  |  |  |  |
| Adam Deborah A  | nn a  |  |  |  |  |
| Last First  | Middle  |  |  |  |  |
| 6. ADDRESS: Number & Street   | 5. TELEPHONE:   |  |  |  |  |
| • - •   | 1   |  |  |  |  |
| City & Zip  | Home: U - U   U   C - C - C - C - C - C - C - C - C - C               |  |  |  |  |
| Santa Maria, A 93455  | Business: (   |  |  |  |  |
| 7. REFERENCES: Give names and addresses of three (3) individuals (not r involvement, and abilities.   | elatives) who have knowledge of your character, experience, community |  |  |  |  |
|   | DRESS TELEPHONE OCCUPATION  |  |  |  |  |
| Donna France  | farmer  |  |  |  |  |
| Nancy Finnegan  | landscaper  |  |  |  |  |
| Amy Wolfe   | - NCEO Au Safe  |  |  |  |  |
| 8. Are you, or have you ever been, employed by the County of Santa Barbara?   | X No □ Yes - if yes, list below                                       |  |  |  |  |
| Department:Title:   | Date:   |  |  |  |  |
| 9. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL):   | 10. EDUCATION COMPLETED:  |  |  |  |  |
| Ethnic or Racial Identity: Sex:   | B5 Dietetics and Food Administration                                  |  |  |  |  |
| © Male ☐ African American  © Male © Female  | Cal Poly San Luis Obizzo  |  |  |  |  |
| - Hispanic  | 11. INDICATE SUPERVISOR WHO WILL RECEIVE A COPY OF APPLICATION:       |  |  |  |  |
| Asian/Pacific Islander  |   |  |  |  |  |
| □ Native American/Alaskan Native  |   |  |  |  |  |
| □ Other (please specify):   |   |  |  |  |  |
| 12. EXPERIENCE: Please explain why you are interested in serving, and what experience you bring to the Committee. Attach additional documentation as      |   |  |  |  |  |
| necessary. Growing up in a farming family, I am well aware of the   |   |  |  |  |  |
| necessary. Growing up in a farming family, I am well aware of the ISSUES that face CA farmers in all of our day to day activity.                          |   |  |  |  |  |
| I currently act as CFO for our Z000 acre vegetable and berry  |   |  |  |  |  |
| land when the contract of the what is involved in Keening tarms!  |   |  |  |  |  |
| batha Grandilly and environmentally sustainable. I tell like I strail   |   |  |  |  |  |
| I a voice of reachn in mitigating solutions to ug related issury raintywing.  |   |  |  |  |  |
| 13. ADDITIONAL INFORMATION: Give any information explaining qualifications, experience, training, edudation, 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.     |   |  |  |  |  |
| CFO lowner Innovative Produce   |   |  |  |  |  |
| Ag Safe - current board member, Executive Committee<br>Santa Barbara County Foodbank - past board member,   |   |  |  |  |  |
| Santa Barbara County Foodbank - past board member,  |   |  |  |  |  |
| Executive Committee Au  | dit Committee Chair   |  |  |  |  |
| 14. SIGNATURE OF APPLICANT: Actor al. alam  |   |  |  |  |  |
| 14. SIGNATURE OF APPLICANT: / TUIT / JUIL OF  |   |  |  |  |  |