

**Bob Nelson**  
County Supervisor  
Fourth District

**Aaron Hanke**  
District Chief of Staff



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

(805) 346-8407 Santa Maria  
(805) 737-7700 Lompoc  
(805) 346-8498 FAX

**COUNTY OF SANTA BARBARA**

Date: February 13, 2023  
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 February 28, 2023

I would like to recommend the  appointment/  reappointment of the following person to the: County Riding and Hiking Trails Advisory Committee

Salutation:  Mr  Mrs  Ms.  
Full Name of Appointee: Debbie Smith  
Address: [REDACTED]  
Home Phone: [REDACTED]  
E-mail: [REDACTED]

Appointee will represent the 4<sup>th</sup> District on this commission.  
Position was formerly held by: Aaron Sturges-Melby  
 Check box only if this appointment is filling an unexpired vacancy.

District Supervisor: Bob Nelson

Signed by: 

COB Information Verification	
<input type="checkbox"/>	Letter of Resignation on file
<input type="checkbox"/>	Vacancy Notice on file
Term:	
<input type="checkbox"/>	_____ years
<input type="checkbox"/>	Beginning date _____
<input type="checkbox"/>	Ending date _____

**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

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.**

<b>1. APPLYING FOR:</b> (Use Specific Title of Board, Commission or Committee) County Riding and Hiking Trails Advisory Committee	<b>2. TODAY'S DATE:</b> 2/13/23
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<b>3. NAME:</b> Debbie Smith <hr/> Last                                  First                                  Middle	<b>4. E-MAIL ADDRESS:</b> [REDACTED]
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<b>6. ADDRESS:</b> [REDACTED] <hr/> Number                                  Street [REDACTED] <hr/> City    Zip Code	<b>5. TELEPHONE:</b> Home: [REDACTED] Business: _____
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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
Roberta Persley	[REDACTED]	[REDACTED]	NICU RN
Rob Bertino	[REDACTED]	[REDACTED]	Retired
Joey Nichols	[REDACTED]	[REDACTED]	Teacher

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

**Department:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**9. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL):**

Ethnic or Racial Identity: <input type="checkbox"/> White <input type="checkbox"/> 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): _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
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**10. EDUCATION COMPLETED:**  
 High School

**11. INDICATE SUPERVISOR WHO WILL RECEIVE A COPY OF APPLICATION:**  
 Bob Nelson

**12. EXPERIENCE:** Please explain why you are interested in serving, and what experience you bring to the Committee. Attach additional documentation as necessary.

I would just like to help out in any way I can. I have a horse and can bring experience with equestrians.

**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:** \_\_\_\_\_ Debbie Smith