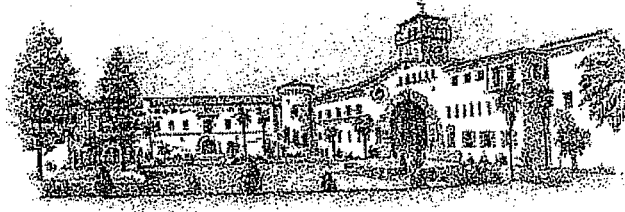


**STEVE LAVAGNINO**  
County Supervisor, Fifth District  
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**CORY BANTILAN**  
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**BECKY GRANT**  
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**SANTA BARBARA COUNTY**

August 14, 2012

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 agenda for the meeting of: September 4, 2012

I would like to recommend the  appointment/  reappointment of the following person to the: Advisory Board on Alcohol and Drug Problems

Salutation:  Mr.  Mrs.  Ms.  
Full Name of Appointee: Margie Lopez  
Address: 317 East McElhany  
City/State/Zip: Santa Maria, CA 93454  
Home Phone: (805) 868-2386  
Work Phone:  
E-mail: [margie2lopez@yahoo.com](mailto:margie2lopez@yahoo.com)

Appointee will represent the Fifth District on this commission.

Position was formerly held by:

Check box only if this appointment is filling an unexpired vacancy.

Fifth District Supervisor: Steve Lavagnino

Signed by: 

<b>APPLICATION FOR COUNTY OF SANTA BARBARA BOARD, COMMISSION, OR COMMITTEE</b> Return to: Clerk, Board of Supervisors County Administration Building 105 E. Anapamu Street, Room 407 Santa Barbara, CA 93101	DATE RECEIVED  <input type="checkbox"/> Copy to Supervisor
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**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 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) <i>ALCOHOL &amp; DRUG ADVISORY BOARD</i>	2. Today's Date: <i>8/6/2012</i>
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3. NAME: <i>LOPEZ MARGIE</i> <small>Last First Middle</small>	4. E-MAIL ADDRESS: <i>MARGIE2LOPEZ@YAHOO.COM</i>
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6. ADDRESS: <i>317 E. McELHANY AVE</i> <small>Number Street</small> <i>JANVA MARIA, CA 93454</i> <small>City Zip Code</small>	5. TELEPHONE: Home: <i>805-808-2364</i> Business: <i>—</i>
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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	TELEPHONE NUMBER	OCCUPATION
<i>A. JOHN MELONA</i>	<i>317 E. McELHANY AVE</i>	<i>922-4240</i>	<i>RETIRED</i>
<i>B. CHUCK HUFFINES</i>	<i>1414 N. BROADWAY #131</i>	<i>85964094</i>	<i>COMMISSIONER</i>
<i>C. KELEND POTHEMAN</i>	<i>VENTURA, CA</i>	<i>818-984-6365</i>	<i>RETIRED</i>

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 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)	Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	10. Education completed: <i>BS - Psychology &amp; Sociology</i>
		11. Indicate Supervisor who will receive a copy of this application:

12. EXPERIENCE: Please explain why you are interested in serving and what experience you bring to the Commission or Committee for which you are applying.  
*I AM INTERESTED IN WORKING WITH OTHER CONCERNED CITIZENS FINDING SOLUTIONS TO ALCOHOL/DRUG & MENTAL HEALTH ISSUES.*

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.  
*I WAS CHAIR FOR THE MENTAL HEALTH COMMISSION FOR 3 YRS AND HAVE BEEN A COMMISSIONER FOR 5 YRS. NOW I AM AN ALTERNATE IN THE M.H. COMMISSION*

14. SIGNATURE OF APPLICANT  
*Margie Lopez*