

Bob Nelson
Fourth District Supervisor



Fourth District Office
511 E. Lakeside Parkway, Suite 47
Santa Maria, CA 93455

COUNTY OF SANTA BARBARA

Date: October 25, 2021

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:

November 9, 2021

I would like to recommend the appointment/ reappointment of the following person to the:
Commission for Women

Salutation: Mr Mrs Ms.
Full Name of Appointee: Jennifer Baird
Address:
City/State/Zip:
Home Phone:
Work Phone:
E-mail:

Appointee will represent the Fourth District on this commission.

Position was formerly held by:

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

Fourth District Supervisor: Bob Nelson

Signed by: Renee Fin

on behalf of Supervisor Bob Nelson

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 _____

Profile

Jennifer

First Name

Baird

Last Name

[Redacted]

Email Address

[Redacted]

Street Address

[Redacted]

City

CA

State

93455

Postal Code

Indicate Supervisor Who Will Receive a Copy of your Application *

Fourth District - Bob Nelson

[Redacted]

Primary Phone

[Redacted]

Alternate Phone

Which Boards would you like to apply for?

Commission For Women: Submitted

Interests & Experiences

Demographics

Please Agree with the Following Statement

I agree that upon submission of this application all information provided is a matter of public record, and is subject to disclosure.

I Agree *