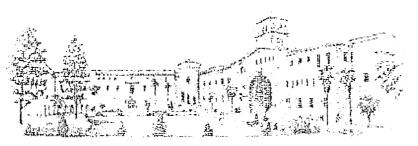
Peter Adam Fourth District Supervisor



Fourth District Office

100 E. Locust Ave., Spite 101 Lomput, CA 93436 www.conotyofsh.org

COUNTY OF SANTA BARBARA

Date: January 9, 2013

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

RE: Committee, Commission or Board District Appointment For placement on the Board of Supervisors agenda for the meeting of: January 15, 2013 I would like to recommend the 🗵 appointment/ 🔲 reappointment of the following person to the: Veterans Services Advisory Committee □Ms. Salutation: ⊠ Mr I Mrs Full Name of Appointee: Frank P. Campo Address: City/State/Zip: Home Phone: Work Phone: E-mail: Appointee will represent the Fourth District on this commission. Position was formerly held by: Joseph B. McCormick Check box only if this appointment is filling an unexpired vacancy. Peter Adam Fourth District Supervisor: Signed by: PC (N all COB Information Verification Letter of Resignation on file

□ Vacancy Notice on file

□ Reginning date _□ Ending date

Term:

APPLICATION FOR

COUNTY OF SANTA BARBARA BOARD, COMMISSION, OR COMMITTEE Return to: Clerk, Board of Supervisors County Administration Building 105 E. Anaparnu Street, Room 407 Santa Barbara, CA 93101

DATE RECEIVED

Copy to Supervisor

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

eligibility. Please print in ink or t	ype.	une our lore u.é.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1. APPLYING FOR: (Use specific Veterans Services Ac	2. Today's Date January 7, 2013					
3. NAME:			4. E-MAIL ADDI	RESS:		
Campo, F	rank	P	ſ			
Lest Fire	if Me	dife.				
6. ADDRESS:			5. Telephone:			
			Home			
Stront :			Business:			
A CONTRACTOR AND CONT	Ohy 2	p Code				
7. REFERENCES: Give names and addresses of three persons, not relatives, who have knowledge of your character, expenence, community involvement, and abilities.						
NAME	ADDRESS		PHONE NUME	ER	OCCUPATION	
A. Robert Hatch	1 (•		Chamber of Commerce UEO	
B. Dave Cross	gradient of		*		Santa Marra EDC Chair	
C Amy Lopez		1		-	SB County ADHMS Supv	
8. Are you or have you been employed by the County of Santa Barbara? YES X No. If YES, list:						
Department		Title:		Dates		
9. Piease check appropriate boxes		10. Education c	ompleted:			
Ethnic or radial identity: Sex: RA in Crit			ninal Justice a	nd Par	alegal Studies	
X White ⊕ Black (African American)	⊇ Male ⊒ Fernalo	pervisor who will receive a copy of this application.				
El Hispanic						
H Asian/Pacrfic Islander □ Native Américan/Alaskan Nalive Peter 7			Adam, 4 th District			
Other (Please specify)	-					
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						
Bring a wealth of knowledge about Veterans activities and believe that would be an asset to the						
county and the Veteran's Advisory Committee.						
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			with the second	ويستنبخ عاده		
13. ADDITIONAL INFORMATION: Give any information explaining your qualifications, expenence, 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						
State Veteran's Officer						
Commander of the American Legion Post 56, Santa Maria						
Core member or the Veteran's Court Program						
Core member of the Santa Maria Standdown Committee						
Core member of the Central Coast Veteran's Collaborative						
, 7						
14 SIGNATURE OF APPLICANT						
×						
C. B. 1 . Sew. 13/6/91			here and the second		We is a second of the second o	