A-31

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

## **COUNTY OF SANTA BARBARA**

Date: January 4, 2024		ס לייני
Clerk of the Board of S	Supervisors	-
County of Santa Barba	ıra	
105 East Anapamu Str	eet	*
Santa Barbara, CA 931	101	
RE: Committee, Comm	nission or Board District Appointm	nent
For placement on the H	Board of Supervisors agenda for the	e meeting of January 23, 2024
I would like to recommend the □ appointment/ ☒ reappointment of the following person to the: Behavior Wellness Commission		
Salutation:	☐ Mr	Ms.
Full Name of Appointe		1
Address:	₹	
Home Phone:		
E-mail:		
Appointee will represe	nt the 4th District on this commission	on.
Position was formerly held by:		
Check box only if t	his appointment is filling an unexp	ired vacancy.
District Supervisor: Bob Nelson		
Signed by: Bol	WO	COB Information Verification
Signed by:	1000	☐ Letter of Resignation on file

☐ Vacancy Notice on file

☐ Ending date \_\_\_\_\_

□ \_\_\_\_\_\_years
□ Beginning date \_\_\_

Term: