2024 Local Agency Biennial Notice

Name of Agency:	Santa Barbara County Schools Self-Insurance Program for Employees (SIPE)				
Mailing Address:	18201 Von Karman, Suite 200, Irvine CA 92612				
	epartment He	ad or Director		Contact Person	
Name: Elysia Lewis, Board President			Name:	Amber Anderson, Program Administrator	
Phone No: 805-686-3560			Phone No: 949-349-9611		
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Accurate disclosure is essential to monitor whether officials have conflicts of interest and to help ensure public trust in government. The biennial review examines current programs to ensure that the agency's code includes disclosure by those agency officials who make or participate in making governmental decisions.					
This agency has reviewed its Conflict of Interest Code and has determined that (Check one box):					
☐ No amendment is required.					
The following amendments are required: (Check all that apply.)					
☐ Add new positions (including consultants) that must be designated.					
 Delete titles of positions that have been abolished and/or positions that no longer make or participate in making governmental decisions. 					
☐ Revise bas	☐ Revise based on updates to disclosure categories				
☐ Revise the titles of existing positions.					
Other (describe) This is the first time filing for Santa Barbara County Schools SIPE					
By signing below, you are attesting to the following:					
To the best of my knowledge, the agency's code accurately designates all positions that make or participate in the making of the governmental decisions. The disclosure assigned to those positions accurately requires that all investments, business positions, interests in real property, and sources of income that may foreseeably be affected materially by the decisions made by those holding the designated positions are reported. The code includes all other provisions required by Government Code Section 87302.					
I have reviewed the Conflict of Interest Code requirements against the positions within my department and as indicated above, I have either determined the revised Conflict of Interest Code attached meets the filing requirements and I authorize the changes or that no amendment is required.					
Elysia l	Lewis	Digitally signed by Elysia Lewis Date: 2025.05.20 11:03:34 -07'00'	(05/20/2025	
S	ignature of Depart	ment Head or Director	***	Date	
☐ The code is currently under review by the code reviewing body.					
All agencies must complete and return this notice regardless of how recently your code was approved or					
amended. Please return this notice no later than October 1, 2024 to the following address:					

Santa Barbara County Clerk of the Board of Supervisors Attn: Chelsea Lenzi 105 E. Anapamu St., Room 407 Santa Barbara, CA 93101