#### STEVE LAVAGNINO

County Supervisor Fifth District steve.lavagnino@countyofsb.org

## **CORY BANTILAN**

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### **SANDY AGALOS**

Administrative Assistant sandy.agalos@countyofsb.org

#### YESENIA CUEVAS

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## **COUNTY OF SANTA BARBARA**

Date: 11/18/21

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

RE: Appointment of Lynn M. Chacon

For placement on the Board of Supervisors agenda for the meeting of December 7, 2021.

I would like to appoint the following individual for reappointment to the Behavioral Wellness Commission:

Lynn M. Chacon

Appointee will represent the Fifth District on this commission.

Term Expires:

December 31, 2024

Fifth District Supervisor: Steve Lavagnino

Signed by:

COB Information Verification
☐ Letter of Resignation on file
☐ Vacancy Notice on file
Term:
□years
□ Beginning date
□ Ending date

# **APPLICATION FOR COUNTY OF SANTA BARBARA BOARD, COMMISSION OR COMMITTEE**

Return to: Clerk of the Board of Supervisors 105 E. Anapamu Street, Room 407 Santa Barbara, CA 93101

**DATE RECEIVED** 

□ Copy to Supervisor

2. TODAY'S DATE:

instructions: Please complete each section below. Be sure to enter the title of the Board	Commission or Committee Jonly one nor
application) for which you desire consideration in Poy 1. For more application in Poy 1.	a, commission of committee (only one per
application) for which you desire consideration in Box 1. For more complete information or	assistance, contact the Clerk of the Board of
supervisors. Please print in ink or type. Please note that ALL information provided is a matter of	of public record, and is subject to disclosure.
1. APPLYING FOR: (Use Specific Title of Board, Commission or Committee)	
	2. TODAY'S DATE:

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	City	Zip	Code			, ,–
<ol><li>REFERENCES: Give na involvement, and abilities</li></ol>	le .	ree (3) individuals (not	relatives) who l	have knowle	edge of your	character, experience, community
	NAME	Al	DDRESS	TEL	EPHONE	OCCUPATION
SUZANNE	RTIZEDAN			1		
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TERRI DIM	OND		-:	A		
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8. Are you, or have you ex	ver been, employed by the	County of Santa Barbara	9			-
	and the second s	county of Santa Barbara	•		<b>.</b>	ੀਂ । res-ir yes, list below
Department:		Title:				Date:
9. PLEASE CHECK APPROP	RIATE BOXES (OPTIONAL):		10. EDUCATION	COMPLETE	D•	
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⊐ White ⊐ African American		. Zad∀lale	MASTERS PUBLIC ADMINISTRATION			
⊋Hispanic		□ Female				
Asian/Pacific Islander			11. INDICATE SU	JPERVISOR \	WHO WILL RE	CEIVE A COPY OF APPLICATION:
Native American/Alaska	n Native		STEVE	LAV	AGNI	m a
Other (please specify):	1: 1					
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October 19, 2021

Supervisor Steve Lavagnimo 5th District-Santa Barbara County 511 E. Lakeside Parkway, Suite 141 Santa Maria, CA 93455-1341

Subject: Request Appointment to Behavioral Wellness Commission

I am requesting appointment to the Behavioral Wellness Commission. Despite residing in the Second District, this district has all its positions filled while your district has two vacancies. I feel I would be a qualified person to fill one of these vacancies based on my previous experience with the Santa Barbara Human Services Commission and familiarity with the county process having worked 35 years as a budget analyst with San Bernardino County. Attached is the respective application. I have a strong interest in serving on this board since my son suffers from mental illness and has gone through the Santa Barbara County Behavioral Wellness system. I was strongly suggested to apply by a current commissioner Rod Pearson and Jan Winter from NAMI.

This commission also lacks diversity and since I am Hispanic, I could help fill this void. I would greatly appreciate an appointment and an opportunity to serve on this commission.

If there are any questions or you require more information, please e-mail me at or call at I am also open to a personal interview.

My mail address is indicated below:

Sincerely,

Lynn M. Chacon