STEVE LAVAGNINO

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COUNTY OF SANTA BARBARA

Date: 2/7/23

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

RE: Appointment of Gabriel Morales

For placement on the Board of Supervisors agenda for the meeting of February 29, 2023.

I would like to appoint the following individual for appointment to the Human Services Commission:

Gabriel Morales



Appointee will represent the Fifth District on this commission.

Term Expires:

February 28, 2026

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		

Profile			
Gabriel First Name	Morales Last Name		
Email Address			
Street Address			
Sireet Address			
City		State	Postal Code
Indicate Supervisor V	Vho Will Receive a Copy of you	r Application *	
Fifth District - Steve I	Lavagnino		
Home: Primary Phone	Business: Alternate Phone		
Which Boards would	you like to apply for?		
Human Services Commi	ssion: Submitted		
Reference 1 Name			
Debbie Cloud			
Reference 1 Address			
			- #
Deference 4 Telephon			
Reference 1 Telephor	ie		
			,
Reference 1 Occupati	on		
Marketing & Advertiseme	ent		
Reference 2 Name			
Pastor Don			
Reference 2 Address			
neierence 2 Address			

Demographics
Ethnicity
Gender
✓ Male
06/05/1954
Date of Birth
Education Completed:
AS Degree
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 *