SALUD CARBAJAL

First District Supervisor

JEREMY TITTLE

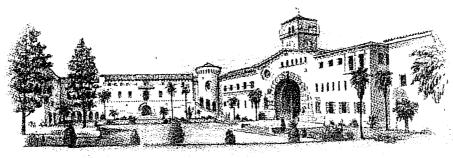
Executive Staff Assistant

MARY ELLEN WYLIE

Administrative Assistant

Administrative Assistant

ERIC FRIEDMAN



BOARD OF SUPERVISORS

105 East Anapamu Street Santa Barbara, California 93101

TELEPHONE: (805) 568-2186 FAX: (805) 568-2534

E-mail: supervisorcarbajal@sbcbosl.org

COUNTY OF SANTA BARBARA

Date: April 1, 2013		
Clerk of the Board of Supervisors County of Santa Barbara 105 East Anapamu Street Santa Barbara, CA 93101		•
RE: Committee, Commission or Boar	d District Appoint	ment
For placement on the Board of Superv 2013	visors agenda for t	he meeting of: April 9,
I would like to recommend the \(\sum \) app following person to the Montecito Bo		
	Mr Mrs [m Watson	Ms.
Appointee will represent the First Dis Position was formerly held by: Don I Check box only if this appointment First District Supervisor: Salud Car	Nulty at is filling an une	
Signed by:		COB Information Verification Letter of Resignation on file Vacancy Notice on file

Term:

□ _____ years

☐ Beginning date _____ ☐ Ending date _____

APPLICATION FOR

DATE RECEIVED

COUNTY OF SANTA BARBARA BOARD TO FEE 28 AM 10: 29 Return to: Clerk, Board of Supervisors

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

COUNTY OF PARCON TO SEPARATION OLERK OF THE

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

year of enginency. Frease print in it						
1. APPLYING FOR: (Use specific t	M BAR			2. Today's Date: 2/28/13		
3. NAME:			4. E-MAIL ADDF	RESS:		
Lost First Willars		V				
6. ADDRESS:		5. TELEPHONE:				
		Home:				
Number	Street			· · · · · · · · · · · · · · · · · · ·		
	City C	Zin Code	Business:			
7 Peterences: Give names and a	ddresses of three persons, not relative		nowledge of your	character experience commit-		
nity involvement, and abilities.	idicodes of three persons, not reids			. 1		
NAME	ADDRESS	TELEF	PHONE NUMBER	OCCUPATION		
A. BOB MEGRABLIAD			.· <u></u>	FORMER HOLT. PCADING COMMISSION		
B. CLAIRE GOTTS DANS	ne 2			MPC HEHBAR		
B. CLAIRE GOTS DANS C. DAVE LENT 8. Are you or have you been employed.	134 -			MPC HEMBER PERSIDENT MONT. ASSOC.		
8. Are you or have you been emplo	yed by the County of Santa Barbara	7 D YES	No If YES, list			
Department:				Date:		
9. Please check appropriate boxes	(optional):	10. Education	completed:			
Ethnic or racial identity:	≱ Male		ان المعاملات			
☐ Black (African American)			BARCH			
□ Asian/Pacific Islander □ Native American/Alaskan Native		11. indicate St	Supervisor who will receive a copy of this application: LUD CARBAJAL			
		_A.				
Other (Please specify)	why you are interested in serving ar					
which you are applying.	wity you are interested itt serving ar	in what exherie	ice you bring to the	e commission of committee io		
SEL ATTACHA	IN SUMET					
JEE F(111)-1/1	0 0000					
			•			
13. ADDITIONAL INFORMATION: community organization membersh Attach additional sheets as necess	Give any information explaining you nips, or personal interests that bear ary.	ır qualifications, on your applicat	experience, trainin	ng, education, volunteer activities, rd, Commission, or Committee.		
SPE ATA	CHRO SHERT					
2						

14. SIGNATURE OF APPLICANT