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

2014 JAN 21 AM 9: 55

SANDADAY TO Supervisor

|  | Salita Balbara, CA 55101     |                             | rr                                     | O YTALIE            | E SYND COOL                     | /-to Supervisor  |  |  |
|--|------------------------------|-----------------------------|--|---------------------|---------------------------------|--|--|--|
| pplication) for which you  | desire consideration in Bo   | x 1. For more               | ter the title of the complete informat | e Board<br>ion or a | Commissionssistance, co         | ਸੀ ਰਾ Committee (only one per<br>ontact the Clerk of the Board of<br>rd, and is subject to disclosure. |  |  |
| . APPLYING FOR: (Use Specific                                    | Title of Board, Commission o | r Committee)                |  |                     | 2. TODAY'S                      | DATE:  |  |  |
| Suadalupe Ove  | rsite Board                  |                             | •                                      |                     | 01/14/                          | 2014   |  |  |
| . NAME:  |                              | <del></del> .               |  |                     |                                 | 4. E-MAIL ADDRESS:   |  |  |
| Paul   | Mark                         | ,                           | Д                                      |                     | İ                               | .10 1 1  |  |  |
| Last   | First                        |                             | Middle                                 |                     | ımpat                           | ul@cosbpw.net  |  |  |
| . ADDRESS:   |                              |                             |  |                     | 5. TELEPHO                      | NE:  |  |  |
|  |                              |                             | •                                      |                     | Home:                           |  |  |  |
| . Nui  | mber                         | Stre                        | et .                                   |                     | Tionic.                         |  |  |  |
| Santa Barbara  |                              | 93                          | 93103                                  |                     | Business: 805-568-3016          |  |  |  |
| City   | ·                            | Zip                         | Code                                   | ·                   | business                        |  |  |  |
| . REFERENCES: Give names ivolvement, and abilities.              | and addresses of three (3)   | individuals (not            | t relatives) who have                  | e knowle            | edge of your                    | character, experience, community   |  |  |
| NA   | МЕ                           | . А                         | ADDRESS TE                             |                     | EPHONE                          | OCCUPATION   |  |  |
| Scott M  | cGolpin                      | 123 E. <i>F</i>             | 123 E. Anapamu St                      |                     | 3-3010                          | Public Works Director  |  |  |
| Robert Geis  |                              | 105 E. A                    | 105 E. Anapamu St 5                    |                     | 3-2100                          | Auditor-Controller   |  |  |
| Jennifer Christensen   |                              |                             |  | 568                 | 68-2925 Chief Investment Office |  |  |  |
| . Are you, or have you ever b<br>epartment: Public Wo            |                              |                             | eputy Direct                           | or                  | ·                               | No Yes - if yes, list below Date: 06/23/2003   |  |  |
| . PLEASE CHECK APPROPRIAT  | E BOXES (OPTIONAL):          | ·                           | 10. EDUCATION CO                       | OMPLETE             | D:                              |  |  |  |
| thnic or Racial Identity: White                                  |                              | Sex: Male Female  BS - Acco |  |                     | ounting, Finance                |  |  |  |
| Hispanic<br>Asian/Pacific Islander<br>Native American/Alaskan Na | tive                         |                             | 11. INDICATE SUPI                      | ERVISOR             | WHO WILL RI                     | ECEIVE A COPY OF APPLICATION:  |  |  |
| Other (please specify):  2. EXPERIENCE: Please explaiecessary.   | n why you are interested in  | serving, and wha            | t experience you brir                  | ng to the           | Committee.                      | Attach additional documentation as   |  |  |
| urrently serving on t  | he Buellton and San          | ta Maria Ov                 | ersight Boards.                        |                     |                                 |  |  |  |
|  |                              | • . •                       |  |                     |                                 | ·  |  |  |
|  |                              |                             |  |                     |                                 | 1  |  |  |

3. ADDITIONAL INFORMATION: Give any information explaining qualifications, experience, training, education, volunteer activities, community organization nemberships, or personal interests that bear on your application for the above Board, Commission or Committee. Attach additional sheets as necessary.

4. SIGNATURE OF APPLICANT:

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

2014 JAN 15 AN 11: 46

Santa Barbara, CA 93101

Instructions: Please complete each section below. Be sure to enter the title of the Board, Commission of Committee Jonly 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 public record, and is subject to disclosure.

| 1. APPLYING FOR: (Use Specific Title of Board, Commission or Committee)                    |                       |   |                          | 2. TODAY'S DATE:                      |                                    |  |  |
|--|-----------------------|---|--------------------------|---------------------------------------|------------------------------------|--|--|
| Board Member, Redevelopment Agency for Isla Vista  |                       |   |                          | 1-14-14                               |                                    |  |  |
| 3. NAME:   |                       |   |                          | 4. E-MAIL ADDRESS:                    |                                    |  |  |
| Miyasato Mona  |                       |   |                          |                                       |                                    |  |  |
| Last First   |                       | Middle  | mmiyasato@countyofsb.org |                                       |                                    |  |  |
| 6. ADDRESS:  |                       |   |                          | 5. TELEPHO                            | NE:                                |  |  |
| 105 E. Anapamu Street, Rm. 406   |                       |   |                          | Home:                                 |                                    |  |  |
| Number   | Stre                  | et  | <del></del>              | , , , , , , , , , , , , , , , , , , , |                                    |  |  |
| Santa Barbara  |                       | Business: 805-568-3400  |                          |                                       |                                    |  |  |
| City   |                       | Code  |                          |                                       |                                    |  |  |
| 7. REFERENCES: Give names and addresses of three involvement, and abilities.               | (3) individuals (not  | relatives) who hav  | e knowle                 | dge of your                           | character, experience, community   |  |  |
| NAME   | A                     | ADDRESS   |                          | EPHONE                                | OCCUPATION                         |  |  |
| Renee Bahl   | 105 E. Ar             | 105 E. Anapamu St., SB 8  |                          | 668-3400                              | ACEO, County of SB                 |  |  |
| Errin Briggs   | 105 E. Ar             | 105 E. Anapamu St., SB  |                          | 68-2047                               | Planner, P&D, County of SB         |  |  |
| Michael Ghizzoni   | 105 E. An             | · ·   |                          | 68-2950                               | County Counsel, County of SB       |  |  |
| B. Are you, or have you ever been, employed by the Cou                                     | inty of Santa Barbara | 1?  | ·                        |                                       | No ■ Yes - if yes, list below      |  |  |
| Department: County Executive Office Title: County  |                       |   | e Office                 | r                                     | Date:                              |  |  |
| 9. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL):  |                       | 10. EDUCATION C   | OMPLETE                  | D:                                    |                                    |  |  |
| Ethnic or Racial Identity:   | Sex:                  |   |                          |                                       |                                    |  |  |
| □ White<br>□ African American  | □ Male<br>■ Female    | I Master Degree   |                          |                                       |                                    |  |  |
| Hispanic = Female  |                       | 11. INDICATE SUPERVISOR WHO WILL RECEIVE A COPY OF APPLICATION: |                          |                                       |                                    |  |  |
| Asian/Pacific Islander   |                       |   |                          |                                       |                                    |  |  |
| □ Native American/Alaskan Native   |                       | Doreen Farr   |                          |                                       |                                    |  |  |
| Other (please specify):  |                       |   |                          |                                       |                                    |  |  |
| <ol> <li>EXPERIENCE: Please explain why you are interested necessary.</li> </ol>           | in serving, and wha   | t experience you bri  | ng to the                | Committee. /                          | Attach additional documentation as |  |  |
| am currently serving as the County Executive and effective administration of County govern |                       |   | 3arbara.                 | . All matter                          | rs relating to the efficient       |  |  |

13. ADDITIONAL INFORMATION: Give any information explaining qualifications, experience, training, education, volunteer activities, community organization memberships, or personal interests that bear on your application for the above Board, Commission or Committee. Attach additional sheets as necessary.

14. SIGNATURE OF APPLICANT: How Sheep Sal

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

14. SIGNATURE OF APPLICANT:

DATE RECEIVED

2014 JAN 23 PM 1: 40

COUNTY OF SAME PARENTA

| nstructions: Please complete each section below. Epplication) for which you desire consideration in Box | e sure to enter the title of the Board     | Commission or Committee (only one per          |
|---|--|--|
| pplication) for which you desire consideration in Box   | lpha 1. For more complete information or a | ssistance, contact the Gerk of the Board of    |
| upervisors. Please print in ink or type. Please note tha  | it ALL information provided is a matter o  | f public record, and is subject to disclosure. |

| APPLYING FOR: (Use Specific Title of Board, Commission or Committee)   |                          |                   |                    | 2. TODAY'S DATE: |                               |                                       |
|--|--------------------------|-------------------|--------------------|------------------|-------------------------------|---------------------------------------|
| oversight Board for the Successor Agency to the Former RDA - City of Santa Barbara   |                          |                   |                    | January 17, 2014 |                               |                                       |
| . NAME:  |                          |                   |                    |                  | 4. E-MAIL A                   | DDRESS:                               |
| Alvarez  | Tom                      | <u> </u>          | /lichael           |                  | <br> toalvarez@countyofsb.org |                                       |
| Last   | First                    |                   | Middle             |                  | 5. TELEPHO                    |                                       |
| ADDRESS:   | г                        |                   | . 1                |                  | 5. IELEPHOI                   | NE:                                   |
| 105  | E. Anapa                 | amu Stree         |                    |                  | Home:                         |                                       |
| Number   |                          | Street            |                    |                  |                               | 205 500 0400                          |
| Suite 406  |                          | 93                | 101                |                  | Business: _                   | 305 568-3432                          |
| City   |                          | Zip C             |                    |                  |                               |                                       |
| <ol> <li>REFERENCES: Give names and ac<br/>avolvement, and abilities.</li> </ol>   | ddresses of three (3) i  | ndividuals (not   | relatives) who ha  | ve knowle        | dge of your                   | character, experience, community      |
| NAME   |                          | AD                | DRESS              | TELE             | PHONE                         | OCCUPATION                            |
| Renee Ba   | hl                       |                   |                    | 805 5            | 68-3407                       | SBC Assistant CEO                     |
| Bob Geis   | <b>;</b>                 |                   | B-1 -1             | 805 5            | 68-2101                       | SBC Auditor-Controller                |
| Harry Hage   | en                       |                   |                    | 805 5            | 68-2490                       | SBC Treasurer Tax-Collector           |
| . Are you, or have you ever been, en   | iployed by the County o  |                   |                    |                  |                               | No 😿 Yes - if yes, list below         |
| epartment: CEO   |                          | Title: Bt         | udget Direc        | tor              |                               | Date: 10/1/2011                       |
| . PLEASE CHECK APPROPRIATE BOXE  | C (ODTIONAL).            |                   | 10. EDUCATION (    |                  | -                             |                                       |
| thnic or Racial Identity:  |                          | ięx:              | 10. EDUCATION      | CONTRETE         | υ.                            |                                       |
| ) White  | D/                       | Male              | B.S. Ac            | cour             | ntina: (                      | CA. CPA                               |
| African American<br>Hispanic   | ا ت                      | Female            |                    |                  |                               | CEIVE A COPY OF APPLICATION:          |
| r nispariic<br>1 Asian/Pacific Islander  |                          |                   | 11. INDICATE SU    | PERVISOR         | WHO WILL KE                   | CEIVE A COPT OF APPLICATION:          |
| Native American/Alaskan Native   |                          |                   | Chair L            | avad             | ınino                         |                                       |
| Other (please specify):  |                          | <del></del>       | <u> </u>           |                  |                               |                                       |
| <b>2. EXPERIENCE:</b> Please explain why ecessary.   | you are interested in se | rving, and what   | experience you br  | ing to the       | Committee. A                  | Attach additional documentation as    |
| The dissolution of the RDA's create complex issues which will impact future funding for various public entities.                     |                          |                   |                    |                  |                               |                                       |
| am a certified public accountant and have served as the Budget Director for the County of Santa Barbara                              |                          |                   |                    |                  |                               |                                       |
|  |                          |                   |                    |                  |                               |                                       |
| ince 2011. My experience and knowledge of public entity budgets, accounting and funding sources should e of assistance to the Board. |                          |                   |                    |                  |                               |                                       |
| o or addictariod to the Bot  | A1 G.                    |                   |                    |                  |                               |                                       |
| 3. ADDITIONAL INFORMATION: Give  | any information explain  | ing qualification | s evnerience train | ing educat       | ion voluntee                  | r activities community organization   |
| nemberships, or personal interests th  | •                        |                   |                    |                  | •                             | · · · · · · · · · · · · · · · · · · · |
|  |                          |                   |                    |                  |                               |                                       |
|  |                          |                   |                    |                  |                               |                                       |
|  |                          |                   |                    |                  |                               |                                       |

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

2014 JAN 23 PM 1: 40 Copy to Supervisor

Instructions: Please complete each section below. Be sure to enter the title of the Board ្រុក្សាក្រុង ស្គារប្រជាជ្រាះ application) for which you desire consideration in Box 1. For more complete information or assist 的 (多元 ) Supervisors. Please print in ink or type. Please note that ALL information provided is a matter of public record and is subject to disclosure. 1. APPLYING FOR: (Use Specific Title of Board, Commission or Committee) 2. TODAY'S DATE: Oversight Board for the Successor Agency to the Former RDA - Buellton  $|{\sf January~17,~2014}|$ 3. NAME: 4. E-MAIL ADDRESS: Alvarez Tom Michael toalvarez@countyofsb.org First Last Middle 6. ADDRESS: 5. TELEPHONE: 105 E. Anapamu Street Home: Number Street Business: 805 568-3432 Suite 406 93101 Zip Code 7. REFERENCES: Give names and addresses of three (3) individuals (not relatives) who have knowledge of your character, experience, community involvement, and abilities. NAME **ADDRESS** TELEPHONE OCCUPATION Renee Bahl 805 568-3407 SBC Assistant CEO **Bob Geis** 805 568-2101 SBC Auditor-Controller Harry Hagen 805 568-2490 SBC Treasurer Tax-Collector 8. Are you, or have you ever been, employed by the County of Santa Barbara? √Yes - if yes, list below Date: 10/1/2011 Title: Budget Director 10. EDUCATION COMPLETED: 9. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL): Ethnic or Racial Identity: Sex: Male B.S. Accounting; CA. CPA □ White □ African American □ Female 11. INDICATE SUPERVISOR WHO WILL RECEIVE A COPY OF APPLICATION: Hispanic □ Asian/Pacific Islander Chair Lavagnino □ Native American/Alaskan Native □ Other (please specify): 12. EXPERIENCE: Please explain why you are interested in serving, and what experience you bring to the Committee. Attach additional documentation as The dissolution of the RDA's create complex issues which will impact future funding for various public entities. I am a certified public accountant and have served as the Budget Director for the County of Santa Barbara

13. ADDITIONAL INFORMATION: Give any information explaining qualifications, experience, training, education, volunteer activities, community organization memberships, or personal interests that bear on your application for the above Board, Commission or Committee. Attach additional sheets as necessary.

since 2011. My experience and knowledge of public entity budgets, accounting and funding sources should

14. SIGNATURE OF APPLICANT: Jon () Water

be of assistance to the Board.

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

DATE RECEIVED

2014 JAN 23 PM 1: 40

COUNTYCOTO TO THE COUNTY COTO TO THE COUNTY COTO TO THE COTO TO TH

|   |                              |                                   |                          |                          | ontact the Clerk of the Board of rd, and is subject to disclosure. |  |
|---|------------------------------|-----------------------------------|--------------------------|--------------------------|--|--|
| . APPLYING FOR: (Use Specific Tit   | le of Board, Commission or C | Committee)                        | 1.1                      | 2. TODAY'S DATE:         |  |  |
| Oversight Board for the Successor Agency to the Former RDA - Goleta           |                              |                                   |                          |                          | January 17, 2014   |  |
| . NAME:   |                              |                                   |                          | 4. E-MAIL A              | DDRESS:  |  |
| Alvarez   | Tom                          | Michael                           | toolyaroz@countyofch.org |                          |  |  |
| Last First  |                              | Middle                            |                          | toalvarez@countyofsb.org |  |  |
| . ADDRESS:  | · ·                          |                                   |                          | 5. TELEPHO               | NE:  |  |
| 105   | E. Anapa                     | E. Anapamu Street                 |                          |                          |  |  |
| Number Street   |                              |                                   |                          |                          |  |  |
| Suite 406   |                              | 93101                             |                          | Business: 805 568-3432   |  |  |
| City  |                              | Zip Code                          |                          |                          |  |  |
| <ol> <li>REFERENCES: Give names and<br/>avolvement, and abilities.</li> </ol> | d addresses of three (3) ir  | ndividuals (not relatives) who ha | ive knowle               | dge of your              | character, experience, community                                   |  |
| NAME  |                              | ADDRESS                           | TELE                     | PHONE                    | OCCUPATION   |  |
| Renee Bahl  |                              |                                   | 805 5                    | 68-3407                  | SBC Assistant CEO  |  |
| Bob Geis  |                              |                                   | 805 5                    | 68-2101                  | SBC Auditor-Controller   |  |
| Harry Hagen   |                              |                                   | 805 5                    | 68-2490                  | SBC Treasurer Tax-Collector  |  |

Instructions: Please complete each section below. Be sure to enter the title of the Board, commission of the commission of the sound of

9. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL):

8. Are you, or have you ever been, employed by the County of Santa Barbara?

Ethnic or Racial Identity:

□ White

□ African American

Hispanic

□ Asian/Pacific Islander

□ Native American/Alaskan Native □ Other (please specify):

10. EDUCATION COMPLETED:

Title: Budget Director

B.S. Accounting; CA. CPA

11. INDICATE SUPERVISOR WHO WILL RECEIVE A COPY OF APPLICATION:

□ No

Yes - if yes, list below

10/1/2011

Chair Lavagnino

12. EXPERIENCE: Please explain why you are interested in serving, and what experience you bring to the Committee. Attach additional documentation as

no Male

□ Female

The dissolution of the RDA's create complex issues which will impact future funding for various public entities. I am a certified public accountant and have served as the Budget Director for the County of Santa Barbara since 2011. My experience and knowledge of public entity budgets, accounting and funding sources should be of assistance to the Board.

13. ADDITIONAL INFORMATION: Give any information explaining qualifications, experience, training, education, volunteer activities, community organization memberships, or personal interests that bear on your application for the above Board, Commission or Committee. Attach additional sheets as necessary.