SALUD CARBAJAL First District Supervisor

JEREMY TITTLE Chief of Staff

ERIC FRIEDMAN District Representative

LISA VALENCIA SHERRATT District Representative



BOARD OF SUPERVISORS 105 East Anapamu Street, 4th Floor Santa Barbara, California 93101

TELEPHONE: (805) 568-2186 FAX: (805) 568-2534 www.countyofsb.org/bos/carbajal E-mail: Scarbajal@sbcbos1.org

COUNTY OF SANTA BARBARA

Date: May 21, 2014 Clerk of the Board of Supervisors County of Santa Barbara 105 East Anapamu Street Santa Barbara, CA 93101	2011 HAY 21 Fil 2: 37 COUNTY OF SANTA BAPEARA CHECK OF THE EDATE OF SEPTEMBLES EDATE OF SEPTEMBLES
RE: Committee, Commission or Board District Appointment	nent
For placement on the Board of Supervisors agenda for the 2014	ne meeting of: June 3,
I would like to recommend the \(\sum \) appointment/ \(\sum \) rear following person to the Historic Landmarks Advisory Co	~
Salutation: Full Name of Appointee: Address: City/State/Zip: Home Phone: Work Phone: E-mail:	Ms.
Appointee will represent the First District on this commission was formerly held by: Dorinne Johnson Check box only if this appointment is filling an unexperience of the property of the prop	
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, Board of Supervisors
County Administration Building
105 E. Anapamu Street, Room 407
Santa Barbara, CA 93101

DATE RECEIVED

Copy to Supervisor

INSTRUCTIONS: Please complete each item below. Be sure to enter the title of the Board, Commission, or Committee (only one per application 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

Santa Banbara Hill	storic Landmarks Ac	dusory Com	millee	2. Today's Date: 4/25/2014
3. NAME:			. E-MAIL ADD	RESS:
Tomson	Carla			
Less First Middle				
6. ADDRESS:			5. TELEPHONE:	
Number	Street		lome.	
Santa Barbara 93108		108	Business	
7 6	City	Zip Code		
nity involvement, and abilities.	d addresses of three persons, not n	elatives, who have kno	weage of your	
NAME	ADDRESS	TELEPHO	NE NUMBER	occupation sustainable.
A. Dorinne Johnso	nL'	,		product designer
BJAMyBrown		termina in Law and the 200		
			(3), v. c	
C. Peter Van Duinwy	CANCELL PROCESS OF STREET, AND AND AND ADDRESS OF THE SECOND SECO	hara? [] VEC [] A	o HVES II-	
	ployed by the County of Santa Bar			
Department:				Date:
9. Please check appropriate bo: Ethnic or racial identity:	ces (optional); Sex:	10. Education completed: St MARTIN SCHOOLOFACT LONDON		
☐ Black (African American) ☐ Hispanic		POST GRAD - DESIGN		
			11. Indicate Supervisor who will receive a copy of this application:	
□ Asian/Pacific Islander □ Native American/Alaskan Native Solud (roajai	
Other (Please specify)				
which you are applying bad ort history bad minded I bel back and vo	eground and be eground and be lieve I could be lunteering my t ition board which	engades e of serv ine. I s	igner o ice. I ipent o	and community enjoy giving over a year on th
3. ADDITIONAL INFORMATION	N: Give any Information explaining prohips, or personal Interests that be assay. N extremely act make a position	ar on your application	or above Boar	d. Commission, or Committee.