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

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□ Copy to Supervisor

Supervisors. Please print in ink or type. Please note that	ALL informati	on provided is a n	natter of	public recor	d, and is subject to disclosure.		
1. APPLYING FOR: (Use Specific Title of Board, Commission or C	Committee)			2. TODAY'S	DATE:		
City of Buellton Oversight Board				May 4, 2016			
3. NAME:				4. E-MAIL A	DDRESS:		
Toney, Joseph D.				itonov	Magunty of charge		
Last First	Juliey	@countyofsb.org					
6. ADDRESS:				5. TELEPHON	VE:		
105 E Anapamu St. Ste. 406				Home:			
Number	Street			3			
Santa Barbara, CA 93101			× **	Business:	05-568-2060		
City	Zip Co						
7. REFERENCES: Give names and addresses of three (3) in involvement, and abilities.	ndividuals (not	relatives) who hav	e knowle	dge of your	character, experience, community		
NAME	AD	DRESS	TELI	PHONE	OCCUPATION		
Terri Nisich		×	805-5	68-3400	SBC Assistant CEO		
Theo Fallati			805-5	68-2101	SBC Auditor-Controller		
Michael Ghizzoni			805-5	68-2950	SBC County Counsel		
8. Are you, or have you ever been, employed by the County of	Santa Barbara?	•		0	No Yes - if yes, list below		
Department: County Executive Office	Title:	Fiscal and Policy	Analyst; I	Deputy CEO	Date: 10/1/13-Present		
9. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL):		10. EDUCATION C	OMPLETE	D:			
	ex:	Mostor of	Dubli	o Dolio	and Administration		
	Male emale	iviaster or	Publi	C Policy	and Administration		
□ Hispanic		11. INDICATE SUP	ERVISOR	WHO WILL RECEIVE A COPY OF APPLICATION:			
□ Asian/Pacific Islander			.1				
□ Native American/Alaskan Native		Chair A	dam	1			
Other (please specify): 12. EXPERIENCE: Please explain why you are interested in ser	rving, and what	experience you bri	ng to the	Committee. A	Attach additional documentation as		
necessary.	, o ,	,	J				
am currently serving as the Deputy Count	y Executive	e Officer and	the SE	3C Oversi	ght Board Program		
Manager and Secretary. I am well versed i	in matters p	pertaining to t	the ove	ersight bo	ards and my knowledge		
will be beneficial to this board.							
13. ADDITIONAL INFORMATION: Give any information explain memberships, or personal interests that bear on your application							
N							
	/.	. \					
14. SIGNATURE OF APPLICANT:	$\neq u\gamma$	4/					

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

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Supervisors. Please print in ink or type. Please note that	t ALL informat	ion provided is a r	matter of	public reco	rd, and is subject to disclosure.		
1. APPLYING FOR: (Use Specific Title of Board, Commission or G	Committee)			2. TODAY'S	DATE:		
City of Goleta Oversight Board				May 5	, 2016		
3. NAME:				4. E-MAIL ADDRESS:			
Miyasato Mona				mmiyaaata@aayntyafah am			
Last First		Middle		пппуа	sato@countyofsb.org		
6. ADDRESS:	5. TELEPHO	NE:					
105 E Anapamu St. Ste. 406	Home:						
Number	Stree	t					
Santa Barbara, CA 93101				Business:	305-568-3400		
City	Zip C						
7. REFERENCES: Give names and addresses of three (3) in involvement, and abilities.	ndividuals (not	relatives) who hav	e knowle	dge of your	character, experience, community		
NAME	AD	DRESS	TELE	PHONE	OCCUPATION		
,							
					_		
8. Are you, or have you ever been, employed by the County o	f Santa Barbara	?			No Yes - if yes, list below		
Department: County Executive Office	Title:	County Exe	ecutive	Officer	Date: 12/9/13-Present		
					Dutc.		
9. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL): Ethnic or Racial Identity:	Sex:	10. EDUCATION C	OMPLETE	ED:			
and the second s	Male	Master'	s De	agree			
	Female	IVIGSTO	3 0	Jegree			
□ Hispanic		11. INDICATE SUP	ERVISOR	OR WHO WILL RECEIVE A COPY OF APPLICATION:			
□ Asian/Pacific Islander		Chain A	حا – اح	_			
□ Native American/Alaskan Native		∣Chair A	aam	1			
☐ Other (please specify): 12. EXPERIENCE: Please explain why you are interested in se	rving, and what	: experience you bri	ng to the	Committee.	Attach additional documentation as		
necessary.							
The recent departure of Assistant CEO Re	nee Bahl re	equires filling	her se	at with a	County representative of		
several oversight boards.							
13. ADDITIONAL INFORMATION: Give any information explain							
memberships, or personal interests that bear on your applicati	on for the above	e Board, Commission	n or Comm	littee. Attach	additional sheets as necessary.		
mala							
14. SIGNATURE OF APPLICANT:	you	6					
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Return to: Clerk of the Board of Supervisors 105 E. Anapamu Street, Room 407 Santa Barbara, CA 93101

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1. APPLYING FOR: (Use Specific Title of Board, Commission City of Guadalupe Oversight Board	on or Co	ommittee)			2 TODAY'S I		
City of Guadalupe Oversight Board					2. TODAY'S DATE:		
			May 5, 2016				
3. NAME:					4. E-MAIL AD	DDRESS:	
McGolpin Scott		David			Mcgolpir	@cosbpw.net	
Last First			Middle		5. TELEPHON	IE.	
6. ADDRESS: 123 E Anapamu St.						C.	
Number		Street			Home:		
Santa Barbara, CA 93101					Business: _	05-568-3010	
City		Zip Co					
7. REFERENCES: Give names and addresses of three involvement, and abilities.	(3) in	dividuals (not	relatives) who hav	e knowle	dge of your	character, experience, community	
NAME		AD	DRESS	TELI	PHONE	OCCUPATION	
Terri Nisich				805-5	68-3400	SBC Assistant CEO	
Theo Fallati		8			68-2101	SBC Auditor-Controller	
Michael Ghizzoni 805-8						SBC County Counsel	
8. Are you, or have you ever been, employed by the Cou	unty of	Santa Barbara?	,		0	No Yes - if yes, list below	
Public Works		Title:	Director			Date: 5/7/07-Present	
9. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL):			10. EDUCATION C	OMPLETE	D:		
Ethnic or Racial Identity:		ex:					
White	_ N		MA				
□ African American □ Hispanic	ם רי	emale	11. INDICATE SUP	FRVISOR	WHO WILL RE	CEIVE A COPY OF APPLICATION:	
□ Asian/Pacific Islander							
□ Native American/Alaskan Native □ Other (please specify):			Chair Adam				
12. EXPERIENCE: Please explain why you are interested necessary.	l in ser	ving, and what	experience you bri	ng to the	Committee. A	Attach additional documentation as	
Filling the vacancy created by the rece	nt de	parture of	Assistant Co	unty E	xecutive	Officer Renee Bahl.	
						y	
13. ADDITIONAL INFORMATION: Give any information e memberships, or personal interests that bear on your ap	xplaini plicatio	ng qualifications	s, experience, traini Board, Commission	ng, educa n or Comn	tion, voluntee nittee. Attach	r activities, community organization additional sheets as necessary.	
14. SIGNATURE OF APPLICANT:	W						

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

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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:					
City of Lompoc Oversight Board				May 4, 2016					
3. NAME:				4. E-MAIL ADDRESS:					
Alvarez Tom	N	1ichael		toalvarez@countyofsb.org					
Last First		Middle		luaivai	ez@countyorsb.org				
6. ADDRESS:	5. TELEPHON	VE:							
105 E Anapamu St. Ste. 406	Home:								
Number									
Santa Barbara, CA 93101				Business:	05-568-3432				
City	Zip C								
7. REFERENCES: Give names and addresses of three (3) i involvement, and abilities.	ndividuals (not	relatives) who hav	e knowle	dge of your	character, experience, community				
NAME	AD	DRESS	TELI	EPHONE	OCCUPATION				
Terri Nisich			805-5	68-3400	SBC Assistant CEO				
Theo Fallati			805-5	68-2101	SBC Auditor-Controller				
Michael Ghizzoni			805-5	5-568-2950 SBC County Couns					
8. Are you, or have you ever been, employed by the County of	f Santa Barbara				No Yes - if yes, list below				
Department: County Executive Office	Title:	Budget Dire	ector		Date: 10/1/11-Present				
9. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL):		10. EDUCATION C	OMPLETE	D:					
	Sex:	DC A		ntina	CA CDA				
	Male Female	D.S. AC	Cou	nung,	CA. CPA				
□ Hispanic		11. INDICATE SUP	ERVISOR	WHO WILL RECEIVE A COPY OF APPLICATION:					
□ Asian/Pacific Islander		Chain A	ما ما م						
□ Native American/Alaskan Native □ Other (please specify):		Chair A	aan	1	1				
12. EXPERIENCE: Please explain why you are interested in se	rving, and what	experience you bri	ng to the	Committee. A	Attach additional documentation as				
necessary.		de Cala de 2011 Caraca	1 6 . 1.	6					
The dissolution of the RDA's create comple									
entities. I am a certified public accountant									
Barbara since 2011. My experience and k	_	of public entity	y budg	ets, acco	unting and funding				
sources should be of assistance to the boa	ard.								
			• • •						
13. ADDITIONAL INFORMATION: Give any information explair memberships, or personal interests that bear on your applicat	ing qualification ion for the above	s, experience, traini Board, Commissior	ng, eauca n or Comn	tion, voluntee nittee. Attach	additional sheets as necessary.				
2									
14. SIGNATURE OF APPLICANT:	//Ca								

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

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Supervisors. Please print in ink or type. Please note that	t ALL informati	on provided is a r	natter of	public reco	d, and is subject to disclosure.		
1. APPLYING FOR: (Use Specific Title of Board, Commission or				2. TODAY'S DATE:			
County of Santa Barbara Oversig	ht Board			May 4, 2016			
3. NAME:				4. E-MAIL ADDRESS:			
Alvarez Tom		/lichael		toalvarez@countyofsb.org			
Last First		Middle					
6. ADDRESS:				5. TELEPHO	NE:		
105 E Anapamu St. Ste. 406	Home:						
Santa Barbara, CA 93101		005 560 2422					
Santa Barbara, CA 95 10 1	· · · ·			Business: _	805-568-3432		
City	Zip C			d== =f	share-tes eventiones community		
7. REFERENCES: Give names and addresses of three (3) i involvement, and abilities.	naiviauais (not	relatives) who hav	e knowle	age of your	character, experience, community		
NAME	AD	DRESS	TEL	EPHONE	OCCUPATION		
Terri Nisich			805-5	68-3400	SBC Assistant CEO		
Theo Fallati			805-5	68-2101	SBC Auditor-Controller		
Michael Ghizzoni	805			68-2950	SBC County Counse		
8. Are you, or have you ever been, employed by the County of		0	No Yes - if yes, list below				
Department:County Executive Office	Title:	Budget Dire	ector	_	Date: 10/1/11-Present		
9. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL):		10. EDUCATION C	OMPLETE	D:			
,	Sex: Male	B.S. Accounting; CA. CPA					
	Female	D.S. AC	Cou	nung,	CA. CPA		
□ Hispanic		11. INDICATE SUP	ERVISOR	WHO WILL RECEIVE A COPY OF APPLICATION:			
□ Asian/Pacific Islander □ Native American/Alaskan Native		Chair Adam					
□ Other (please specify):		Chail A	uan	I			
12. EXPERIENCE: Please explain why you are interested in senecessary.	rving, and what	experience you bri	ng to the	Committee.	Attach additional documentation as		
The dissolution of the RDA's create comple	ex issues w	hich will impa	act futu	ıre fundin	g for various public		
entities. I am a certified public accountant					• •		
Barbara since 2011. My experience and k			_		•		
sources should be of assistance to the boa	_						
13. ADDITIONAL INFORMATION: Give any information explain memberships, or personal interests that bear on your applicat							
memberships, or personal interests that bear on your applicat	ion for the above	e board, commission	TOI COIIII	mittee. Attacii	additional sheets as necessary.		
		The state of the s	_/				
14. SIGNATURE OF APPLICANT:	()L	7					

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

DATE	RE	CEL	VE

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Supervisors. Please print in ink or type. Please note that	ALL informati	on provided is a n	natter of	public recor	d, and is subject to disclosure.		
1. APPLYING FOR: (Use Specific Title of Board, Commission or C	ommittee)			2. TODAY'S	DATE:		
City of Santa Maria Oversight Boa	ırd			May 4, 2016			
3. NAME:				4. E-MAIL ADDRESS:			
Toney, Joseph D.				itanav@aauntvafah ara			
Last First	Juliey	@countyofsb.org					
6. ADDRESS:	5. TELEPHON	IE:					
105 E Anapamu St. Ste. 406				Home:			
Number	Street						
Santa Barbara, CA 93101				Business: _	05-568-2060		
City	Zip C						
7. REFERENCES: Give names and addresses of three (3) in involvement, and abilities.	ndividuals (not	relatives) who have	e knowle	dge of your	character, experience, community		
NAME	AD	DRESS		PHONE	OCCUPATION		
Terri Nisich			805-5	68-3400	SBC Assistant CEO		
Theo Fallati			805-5	68-2101	SBC Auditor-Controller		
Michael Ghizzoni			805-5	68-2950	SBC County Counsel		
8. Are you, or have you ever been, employed by the County of	Santa Barbara	•			No Yes - if yes, list below		
Department:County Executive Office	Title:	Fiscal and Policy	Analyst; I	Deputy CEO	Date: 10/1/13-Present		
9. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL):		10. EDUCATION C	OMPLETE	D:			
	ex:	Mostor of	Dubli	olic Policy and Administration			
	Лale emale	iviastei oi	Publi	C Policy	and Administration		
□ Hispanic		11. INDICATE SUP	ERVISOR	WHO WILL RECEIVE A COPY OF APPLICATION:			
□ Asian/Pacific Islander							
□ Native American/Alaskan Native		Chair A	aam	1			
Other (please specify): 12. EXPERIENCE: Please explain why you are interested in se	rving, and what	experience you bri	ng to the	Committee. A	Attach additional documentation as		
necessary.							
am currently serving as the Deputy Count	•				-		
Manager and Secretary. I am well versed in	n matters	pertaining to t	the ove	ersight bo	ards and my knowledge		
will be beneficial to this board.							
13. ADDITIONAL INFORMATION: Give any information explain	ing qualification	s, experience, traini	ng, educa	tion, voluntee	r activities, community organization		
memberships, or personal interests that bear on your applicati	on for the above	Board, Commission	n or Comn	nittee. Attach	additional sheets as necessary.		
14. SIGNATURE OF APPLICANT:	infat						

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

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Instructions:	Please	complete	each	section	below.	Be	sure	to	enter	the	title	of	the	Board,	Commi	ssion	or	Committee	(only	one	per
application)	for whic	h you des	ire co	nsiderati	on in B	ox 1	L. For	mo	ore cor	nple	te inf	orn	natio	on or as	sistance	e, con	tact	the Clerk of	of the	Board	of
Supervisors.	Please p	rint in ink	or typ	e. Pleas	e note t	hat .	ALL in	for	matio	pro	vide	d is	a ma	atter of	public r	ecord	, an	d is subject	to dis	closur	e.

Supervisors. Please print in ink or type. Please note that	ALL information	on provided is a n	natter of	public recor	d, and is subject to disclosure.			
1. APPLYING FOR: (Use Specific Title of Board, Commission or Committee)					2. TODAY'S DATE:			
City of Santa Barbara Oversight Board				May 4, 2016				
3. NAME:					4. E-MAIL ADDRESS:			
Toney, Joseph D.					itoney@countyofsb.org			
Last First Middle 6. ADDRESS:					5. TELEPHONE:			
105 E Anapamu St. Ste. 406					,			
Number Street					Home:			
Santa Barbara, CA 93101					Business: 805-568-2060			
City	Zip Co							
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			PHONE	OCCUPATION			
Terri Nisich			805-5	68-3400	SBC Assistant CEO			
Theo Fallati			805-5	68-2101	SBC Auditor-Controller			
Michael Ghizzoni			805-5	68-2950	SBC County Counsel			
8. Are you, or have you ever been, employed by the County of	f Santa Barbara?			0	No Yes - if yes, list below			
Department:County Executive Office Title:Fiscal and Policy Analyst; Deputy CEO Date:10/1/13-Present								
9. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL):		10. EDUCATION C	OMPLETE	D:				
,				o Dolios	, and Administration			
	African American			ic Policy and Administration				
□ Hispanic				DICATE SUPERVISOR WHO WILL RECEIVE A COPY OF APPLICATION:				
□ Asian/Pacific Islander			ما ما م					
☐ Native American/Alaskan Native☐ Other (please specify):	Chair Adam			1				
12. EXPERIENCE: Please explain why you are interested in serving, and what experience you bring to the Committee. Attach additional documentation as								
necessary.								
am currently serving as the Deputy County Executive Officer and the SBC Oversight Board Program								
Manager and Secretary. I am well versed in matters pertaining to the oversight boards and my knowledge will be beneficial to this board.								
will be belieficial to this 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.								
14. SIGNATURE OF APPLICANT:	/ wpw	\						

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	sire consideration in Bo	x 1. For more o	omplete informa	tion or a	ssistance, co	or Committee (only one per ntact the Clerk of the Board of d, and is subject to disclosure.		
1. APPLYING FOR: (Use Specific Title of Board, Commission or Committee)						2. TODAY'S DATE:		
City of Santa Maria Oversight Board						May 5, 2016		
3. NAME:						4. E-MAIL ADDRESS:		
McGolpin	Scott	David 	David			Mcgolpin@cosbpw.net		
6. ADDRESS:	First		Middle			5. TELEPHONE:		
123 E Anapamu St.					Home:			
Numb Santa Barbara, CA 931	Number Street Barbara, CA 93101				Business: 805-568-3010			
City			Zip Code			Dusiness:		
7. REFERENCES: Give names and addresses of three (3) individuals (not relatives) who have knowledge of your character, experience, community involvement, and abilities.								
NAMI		AD	DRESS	TELEPHONE		OCCUPATION		
Terri Ni	sich			-	68-3400	SBC Assistant CEO		
Theo Fa	allati				68-2101	SBC Auditor-Controller		
			805-5	568-2950 SBC County Couns				
8. Are you, or have you ever bee		of Santa Barbara						
Department: Public W	orks 	Title:	Director			Date: 5/7/07-Present		
9. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL): 10. EDUCATION COMPLET					D:			
Ethnic or Racial Identity:	_	Sex:						
□ White □ African American		n Male n Female	1					
□ Hispanic	_	, remaie	11. INDICATE SUI	PERVISOR	WHO WILL RE	CEIVE A COPY OF APPLICATION:		
□ Asian/Pacific Islander								
□ Native American/Alaskan Nativ□ Other (please specify):			Chair Adam					
12. EXPERIENCE: Please explain necessary.	why you are interested in s	serving, and what	experience you br	ing to the	Committee. A	Attach additional documentation as		
Filling vacancy.								
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 APPLICAN	T: And A							
2 SIGNATIONE OF AFFEIGHT	2010							