SALUD CARBAJAL First District Supervisor

JEREMY TITTLE Chief of Staff

ERIC FRIEDMAN District Representative

LISA VALENCIA **SHERRATT**

Date: May 26, 2016

First District Supervisor:

District Representative



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

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

COUNTY OF SANTA BARBARA CLERK OF THE BOARD OF SUPERVISORS

COUNTY OF SANTA BARBARA

Clerk of the Board of Supervisors County of Santa Barbara 105 East Anapamu Street Santa Barbara, CA 93101 RE: Committee, Commission or Board District Appointment For placement on the Board of Supervisors agenda for the meeting of: June 7, 2016 I would like to recommend the pointment reappointment of the following person to the South Coast BAR: Salutation: \times Mr Mrs Ms. Christopher Gilliland Full Name of Appointee: Address: City/State/Zip: Home Phone: Work Phone: E-mail: Appointee will represent the First District on this commission. Position was formerly held by: Jeff Yardy Check box only if this appointment is filling an unexpired vacancy.

Salud Carbajal

Signed by: Cer Truedura (Dersc)

| COB Information Verification | | | | | | |
|---------------------------------|--|--|--|--|--|--|
| ☐ Letter of Resignation on file | | | | | | |
| ☐ Vacancy Notice on file | | | | | | |
| Term: | | | | | | |
| ☐4 years | | | | | | |
| ☐ Beginning date | | | | | | |
| ☐ Ending date 12/31/16 | | | | | | |

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

2016 APR -4 PM 3: 38

COUNTY OF SANTA BARBARVISOR CLERK OF VIDEOUS SOARE BOARE OF SUPERMSORS

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 year of eligibility. Please print in ink or type.

| year of eligibility. Please print in ink or type. | | | | | | | | |
|---|----------------|----------------------------|--|------------------------|-----------|----------------------|--|--|
| 1. APPLYING FOR: (Use specific | | | 2. Today's Date: | | | | | |
| SBAR LAND | scape ou | 4.4.16 | | | | | | |
| 3. NAME: | -11 | 4. Social Security Number: | | | | | | |
| CALLIAND CHWSTOPHEN A. First Middle | | | | | | | | |
| 6. ADDRESS: | | | | 5. Telephone: | | | | |
| 1 : | | | Home: | | | | | |
| Number | | | 1 | _ | | • • | | |
| | | | 7- 0 | | Business: | | | |
| City Zip Code | | | | | | | | |
| 7. REFERENCES: Give names and addresses of three persons, not relatives, who have knowledge of your chr ster, experience, con nity involvement, and abilities. | | | | | | | | |
| NAME | ADDRESS TELEPH | | | HONE NUMBER OCCUPATION | | | | |
| A. LAVIUT ROMANO | - | | | | | -ANDSCAPE ARCHITECT | | |
| B. L. Sof BUMBE | | , | • | - | | Auafitect. | | |
| C. GEWE ZAHMON | | | | | Ţ, | TISTAPHO anoway Etc. | | |
| 8. Are you or have you been employed by the County of Santa Barbara? Q YES No If YES, list: | | | | | | | | |
| Department: | | | | | | | | |
| 9. Please check appropriate boxe | s: | • | l . | cation com | • | | | |
| Ethnic or racial identity: Kwhite | 9 | B. A Landsage Andritecture | | | | | | |
| Black (African American)Hispanic | ☐ Female | | 11. Indicate supervisor who will receive a copy of this application: | | | | | |
| Asian/Pacific Islander | | | | 1, 11 | | | | |
| ☐ Native American/Alaskan Native ☐ Other (Please specify) | | | | | | | | |
| 12. EXPERIENCE: Please explain why you are interested in serving and what experience you bring to the Commission or Committee for | | | | | | | | |
| which you are applying | | | | | | ľ | | |
| 1 SAT ON THE CITY ABOL From 2008-2012. I'VE BOON IN SB SINCE 1998 AND WORLED IN THE LAWDSCAPE FICHD THE ENTINE TIME. LICENSED | | | | | | | | |
| 1978 AND WORKED I | 10 THE LA | WDSCAPEF | | HEEN | one time | LICENSED | | |
| smot 2001. ALSO I LIVE to ATCP THE Community. I was also proscount | | | | | | | | |
| 6F THE GUDEN BULLETURY ALLIANCE FROM 20/2-2016. | | | | | | | | |
| 13. ADDITIONAL INFORMATION: Give any information explaining your qualifications, experience, training, education, volunteer activities, community organization memberships, or personal interests that bear on your application for above Board, Commission, or Committee. Attach additional sheets as necessary. | | | | | | | | |
| 1 tacus on a design/Bullo Approach to Lanoscape, 90 (Have a Good | | | | | | | | |
| WILMOURGANDING OF BOTH TESIGN AND PAPER, AND CONSTRUCTION PERCITIES. | | | | | | | | |
| I HAVE HOUSED ON & WHOLE UNIVERY OF PROJECTS - DESIDENTIAL, AMMERIAN, | | | | | | | | |
| MSTITUTIONA, EXOCATIONAL, ETC. | | | | | | | | |
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| MEW ayyama. | | | | | | | | |
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| 14. SIGNATURE OF APPLICANT | | | | | | | | |
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