APPLICATION FOR COUNTY OF SANTA BARBARA BOARD, COMMISSION OR COMMITTEE

Return to: SB Ag Commissioner's Office 624 W. Foster Road Santa Maria, CA 93455 DATE RECEIVED

Instructions	: Please	complete	each	section	below. E	Be sure	e to	enter the	title (of the	Board,	Commiss	sion or	Committe	ee (on	ly one	per
application)	for which	:h you desi	re cor	nsiderati	ion in Bo	x 1. F	or m	ore compl	ete inf	ormat	ion or a	ssistance,	contac	t the Cle	rk of th	ie Boa	ird of
Supervisors.	Please p	rint in ink o	or type	e. Please	note tha	t ALL i	nfor	mation pro	vided	is a ma	atter of	oublic rec	ord, and	d is subjec	t to dis	closur	e.

1. APPLYING FOR: (Use Specific Title of Board, Commission or Committee) 2. TODAY'S DATE:									
AGRICULTURAL DAVISORY COMMITTEE 12/28/18									
3. NAME:	00 0,7	(" 61 (
				4. E-MAIL ADDRESS:					
CAIRD KORLID		Rhiera							
Last First		Middle		FORLS	MDZ HOLZERY, COM				
6. ADDRESS: Number & Street				5. TELEPHO					
1365 MORE ZOUCH &	25 727 3971								
City & Zip									
SOUTH BISD BORD 9	3111			Ducinace					
- TOTAL DIE YOUR	/))			Business: _					
7. REFERENCES: Give names and addresses of three (3) in	ndividuals (not r	relatives) who have	knowled	ge of vour c	haracter experience community				
involvement, and abilities.		3,3,1,1,0,1,0,1,0,1,0,1,0,1,0,1,0,1,0,1,		ge or your e	and deter, experience, community				
NAME	AC	DDRESS	TELE	PHONE	OCCUPATION				
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Ross XLDLKCK	al Poly	SLO	805	756601	DES YMY DEW				
LLARVIE LE XLTON CONDIGE PAR OHO 33 7898864 JETISCO									
8. Are you, or have you ever been, employed by the County of			-	1	No Yes - if γes, list below				
Department:	Title:				Date:				
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9. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL): Ethnic or Racial Identity:		10. EDUCATION C			0				
	Sex: Male	BOCKLOR TEG DEC							
/	Female	CN.	Freder	/ 5	-L 🛆				
□ Hispanic	remaie			AVIII DE	CEIVE A COPY OF APPLICATION:				
□ Asian/Pacific Islander		11. HUDICATE SOF	Littigoit	WITO WILL AL	CLIVE A COFF OF AFFECATION.				
□ Native American/Alaskan Native									
□ Other (please specify):		1 COREDO	-6-6						
12. EXPERIENCE: Please explain why you are interested in ser	rving, and what	experience vou brin	ng to the C	ommittee. At	ttach additional documentation as				
necessary									
I ISAUC SERVED ON THIS BOURD FOLTHE WAST									
SX YELP									
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12 ADDITIONAL INCORNATION, City and information of the second of the sec									
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.									
PRESIDENT GUSTSWY CLUTANS 14. SIGNATURE OF APPLICANT:									
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The Atlanta	4/_								
14. SIGNATURE OF APPLICANT									
14. SIGNATURE OF APPLICANT:									

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APPLICATION FOR COUNTY OF SANTA BARBARA BOARD, COMMISSION OR COMMITTEE

Return to: SB Ag Commissioner's Office 624 W. Foster Road Santa Maria, CA 93455

Instructions: Please complete each section below. Be sure to enter the title of the Board, Commission or Committee (only 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.**

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 F	OR: (Use Specific Title of Board,	2. TODAY'S DATE:								
Agricultu	ral Advisory Cor	1/29/2019								
3. NAME:		4. E-MAIL ADDRESS:								
<u></u>	Gray		Margaret		jgray@dudek.com					
-	Last		Middle							
6. ADDRESS: Number & Street 5. TELEPHONE:										
	621 Chapala	Home: 310.562.1704								
	City & Zip									
	Santa Barba	Business: 805.308.8531								
7. REFERENCES: Give names and addresses of three (3) individuals (not relatives) who have knowledge of your character, experience, community										
involvement, and abilities.										
	NAME			DRESS	TELEPHONE		OCCUPATION			
	Ron Caird	Gole	805.729.3971		Grower					
	Cecilia Brown	Gole	805.9	67.7169	Planning Commissioner					
	Ken Marshall	Santa Barbara, CA 8			08.8521	Principal, Dudek				
8. Are you, or have you ever been, employed by the County of Santa Barbara?										
Comprehensive Planning/Long Range Planning Planner Department: Date: 1/2004 - 10/2006										
9. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL): 10. EDUCATION COMPLETED:										
Ethnic or Racial Identity: Sex:										
□ White □ Male Masters in Regional Planning and Manager										
□ African American □ Female □ Temale □										
Hispanic This panic This pan										
□ Asian/Pacific Islander □ Native American/Alaskan Native Grace Hart										
□ Other (please s			Gregg F	Tarı						
12. EXPERIENCE: Please explain why you are interested in serving, and what experience you bring to the Committee. Attach additional documentation as										
necessary.										

I am interested in continuing to serve as an alternate on the AAC to ensure that the largest land use and biggest contributor to out local economy is supported and thrives.

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: