2020 Local Agency Biennial Notice

Name of Agency:		Santa Maria Joint Union High School District			
Mailing Address:		2560 Skyway Drive, Santa Maria, CA 93455			
	De	partment Head or Director		Contact Person	
Name:	lame: Kevin Platt		Name:	Liz Enriquez	
Phone No:	(805	5) 922-4573 ext. 4301	Phone No: _	(805) 922-4573 ext. 4302	
Email:	kpla	att@smjuhsd.org	Email:	eenriquez@smjuhsd.org	
Accurate disclosure is essential to monitor whether officials have conflicts of interest and to help ensure public trust in government. The biennial review examines current programs to ensure that the agency's code includes disclosure by those agency officials who make or participate in making governmental decisions.					
This agency has reviewed its Conflict of Interest Code and has determined that (Check one box):					
☐ No amendment is required.					
■ The following amendments are required: (Check all that apply.)					
Add new positions (including consultants) that must be designated.					
☐ Delete titles of positions that have been abolished and/or positions that no longer make or participate in making governmental decisions.					
☐ Revise based on updates to disclosure categories					
Revise the titles of existing positions. Other (describe)					
By signing below, you are attesting to the following:					
To the best of my knowledge, the agency's code accurately designates all positions that make or participate in the making of the governmental decisions. The disclosure assigned to those positions accurately requires that all investments, business positions, interests in real property, and sources of income that may foreseeably be affected materially by the decisions made by those holding the designated positions are reported. The code includes all other provisions required by Government Code Section 87302.					
I have reviewed the Conflict of Interest Code requirements against the positions within my department and as indicated above, I have either determined the revised Conflict of Interest Code attached meets the filing requirements and authorize the changes or that no amendment is required. Signature of Department Head or Director Signature of Department Head or Director					
☐ The code is currently under review by the code reviewing body.					
All agencies must complete and return this notice regardless of how recently your code was approved or amended.					

Santa Barbara County
Clerk of the Board of Supervisors
Attn: Chelsea Lenzi

105 E. Anapamu St., Room 407 Santa Barbara, CA 93101

Please return this notice no later than October 1, 2020 to the following address: