2020 Local Agency Biennial Notice

Name of Agency:	Mosquito & Vector Management District of Santa Barbara County	
Mailing Address:	P.O. Box 1389, Summerland, CA, 93067	
[Department Head or Director	Contact Person
Name: Brian Cabrera		Name: Brian Cabrera
Phone No: 805-969-5050		Phone No: 805-969-5050
Email: bcabrera@mvmdistrict.org		Email: gm@mvmdistrict.org
Accurate disclosure is essential to monitor whether officials have conflicts of interest and to help ensure public trust in government. The blennial 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) Updated the section on filing statements of economic interests so that it indicates the correct location for filing.		
By signing below, you are attesting to the following:		
making of th investments, materially by	e governmental decisions. The disclosure assi business positions, interests in real property, a	designates all positions that make or participate in the igned to those positions accurately requires that all and sources of income that may foreseeably be affected mated positions are reported. The code includes all 102.
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 I authorize the changes or that no amendment is required.		
		September 11, 2020
!	Signature of Department Head or Director	Date
☐ The code is currently under review by the code reviewing body.		
	st complete and return this notice regardless of is notice no later than October 1, 2020 to the fo	how recently your code was approved or amended. llowing address:

Santa Barbara County Clerk of the Board of Supervisors Attn: Chelsea Lenzi 105 E. Anapamu St., Room 407 Santa Barbara, CA 93101