



## **TERRA LAWSON-REMER**

SUPERVISOR THIRD DISTRICT  
COUNTY OF SAN DIEGO BOARD OF SUPERVISORS

### AGENDA ITEM

DATE: January 7<sup>th</sup>, 2025

TO: BOARD OF SUPERVISORS

SUBJECT: Appointments

#### **Recommendation:**

Supervisor Terra Lawson-Remer

Re-appoint Ladan Akbarnia to the ARTS AND CULTURE COMMISSION, Seat 5, for a term to expire January 8, 2029.

Re-appoint Jay Bell to the ARTS AND CULTURE COMMISSION, Seat 6, for a term to expire January 8, 2029.

Re-appoint Bruce Walters to the HEALTH SERVICES ADVISORY BOARD, Seat 6, for a term to expire January 8, 2029.

Re-appoint Beth Davenport to the HIV PLANNING GROUP, COUNTY OF SAN DIEGO, Seat 35, for a term to start February 10, 2025 and to expire February 10, 2029.

Appoint Laura H. Handzel to the PERSONS WITH DISABILITIES, COMMITTEE FOR, Seat 5, for a term to expire January 8, 2029.

Re-appoint Janette Shelton to the PERSONS WITH DISABILITIES, COMMITTEE FOR, Seat 6, for a term to expire January 8, 2029.

Re-appoint Molly Weber to the PLANNING COMMISSION, Seat 4, for a term to expire January 8, 2029.

Appoint Lorraine Kent to the RANCHO SANTA FE COMMUNITY SERVICES DISTRICT, Seat 3, for a term to expire January 7, 2029.

Waive Board Policy A-74 and re-appoint Donald Butz to the RESOURCE CONSERVATION DISTRICT, Seat 5, for a term to expire November 24, 2028.

Re-appoint Danny Jackson to the SAN DIEGO MILITARY AND VETERANS ADVISORY COUNCIL, Seat 3, for a term to expire January 8, 2029.

Re-appoint Greg Anglea to the SOCIAL SERVICES ADVISORY BOARD, Seat 6, for a term to expire January 8, 2029.

Re-appoint Kristine Custodio Suero to the STATUS OF WOMEN AND GIRLS, COMMISSION ON THE, Seat 6, for a term to expire January 8, 2029.



**TERRA LAWSON-REMER**  
SUPERVISOR THIRD DISTRICT  
COUNTY OF SAN DIEGO BOARD OF SUPERVISORS

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Terra Lawson-Remer".

Vice Chair Terra Lawson-Remer, Supervisor Third District

Cipriano Vargas, Manager of Community Engagement



COUNTY OF SAN DIEGO

APPLICATION FOR COUNTY OF SAN DIEGO BOARD, COMMISSION, OR COMMITTEE

INSTRUCTIONS: Please complete this form in its entirety. Be sure to include the full title of the Board, Commission or Committee for which you desire consideration. Note the additional requirements listed at the bottom of the second page.

(For Official Use Only)

Please note that this application is a public record subject to disclosure. This application will be active for a period of one year. After one year, it is necessary to file a new application for another year of eligibility.

Submit the completed application to the Clerk of the Board of Supervisors, BCC Desk, 1600 Pacific Highway, Room 402, San Diego, CA 92101-2471 or via e-mail at bcc@sdcountry.ca.gov

Handzel Laura
Last Name First Name
Persons With Disabilities, Committee For District 4
Name of Board, Committee, or Commission to Which You are Applying for Membership Supervisorial District You Live In

County boards, commissions, and committees meet at times mutually satisfactory to the members. Day meetings are more common than evening meetings. Will you be able to schedule your time accordingly? [X] Yes [ ] No
N/A
Please list any time restrictions

What are your principal areas of interest in County Government?
I am primarily interested in disability law, policy, and advocacy at the county level as well as how it relates to city, state, and federal matters. Areas of specific interest at present include housing, public access, healthcare (mental health in particular), and employment.

List all County Boards, Commissions or Committees of which you are a current member.
Not a current member [X]
Committee Name Date Appointed

List past County appointments with dates served, and other past or present community or public service appointments.
Not a current member [X]
Committee/Organization Name Dates Served

\_\_\_\_\_

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## STATEMENT OF OCCUPATIONAL EXPERIENCE

Alis Volat Consulting

\_\_\_\_\_

*Current Employer*

Principal

\_\_\_\_\_

*Since July 2017*

*Job Title*

*Length of Employment*

<b>Previous Employers</b>	<b>Position Title</b>	<b>Length of Employment</b>
<u>The Humane League</u>	<u>Senior Manager, Policy Alliance</u>	<u>8/22 - 7/23</u>
<u>Lawyers Club of San Diego</u>	<u>Executive Director</u>	<u>4/21 - 6/22</u>
<u>Oregon Law Commission</u>	<u>Deputy Director</u>	<u>9/15 - 7/17</u>
<u>Oregon State Legislature</u>	<u>Committee Advisor</u>	<u>1/15 - 8/15</u>

### What experience or special knowledge can you bring to your area(s) of interest?

I am experienced in law, policy, government relations, communications, and advocacy. As a Disabled professional woman, I additionally bring certain lived experiences relevant to help inform the Committee's work. I have engaged in disability advocacy and awareness for at least 10 years in a variety of settings. I created and led an international disability affinity group for a large, national nonprofit. I am forever dedicated to advancing equity within our county and beyond. I have a good understanding of government process, procedures, and I am a strong writer. I would also like to help raise the profile of the Committee and increase citizen engagement. Lastly, I have a service dog and possess a depth of knowledge about service animal issues. Please see my attached résumé for additional information regarding my qualifications.

### Please list community organizations to which you belong:

University Heights Women's Walk Club; I serve on the Leadership Committee.

### Please describe your ethnic origin:

\_\_\_\_\_

### Select the gender you identify as:

Female

### What is your age?

45-54 years old



**What is your total income?**

Decline to state

**NOTE:** Candidates for the Assessment Appeals Board, County Hearing Officer, Eye Gnat Abatement

Appeals Board, Fly Abatement and Appeals Board and/or Planning Commission, are required to submit evidence of their qualifications and a Statement of Incompatible Activities Related to County Duties (Form 519) that can be found on the Clerk of the Board's website at: [www.sandiegocounty.gov/content/sdc/cob/forms.html](http://www.sandiegocounty.gov/content/sdc/cob/forms.html). Candidates may be asked to provide additional information.

Membership qualifications for all County Boards, Commissions and Committees may be accessed through the Clerk of the Board's website at [www.sandiegocounty.gov/cob/bcac/](http://www.sandiegocounty.gov/cob/bcac/) or by calling (619) 531-5600. This Application will be considered complete when such requirements are provided by the applicant.

By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.

Laura Handzel

11/26/2024

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

## CONTACT INFORMATION

*Note: Personal information may be withheld from public view as allowed by law.*

Handzel	Laura
<hr/> <i>Last Name</i>	<hr/> <i>First Name</i>
Persons With Disabilities, Committee For	District 4
<hr/> <i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<hr/> <i>Supervisorial District You Live In</i>

<hr/> <i>Home Street Address</i>	<hr/> <i>City</i>	<hr/> <i>State</i>	<hr/> <i>Zip</i>
<hr/> <i>Mailing Address (if different than home address)</i>	<hr/> <i>City</i>	<hr/> <i>State</i>	<hr/> <i>Zip</i>
<hr/> <i>Business Street Address</i>	<hr/> <i>City</i>	<hr/> <i>State</i>	<hr/> <i>Zip</i>
<hr/> <i>Home Phone #</i>	<hr/> <i>Business Phone #</i>		
<hr/> <i>Mobile Phone #</i>	<hr/> <i>Business Phone #</i>		
<hr/> <i>E-Mail Address</i>			

# LAURA H. HANDZEL

Nonprofit Executive | Law & Policy Specialist | Innovator in Development

📞 [REDACTED]  
✉️ [REDACTED]  
★ [REDACTED]

@ [REDACTED]  
📍 San Diego, California



## SUMMARY

Dedicated professional with over twenty years of experience in organizational advancement, finance, personnel management, & advanced advocacy. Holds a Juris Doctorate degree. Specializes in law & policy, risk mitigation, & process improvement. Skilled in communications, as well as all things involving high level discourse. Strategic & diplomatic with a strong track record of successful government relations work in the areas of coalition-building, legislation, & budget. Demonstrated history of successfully developing world-class entities.

## EXPERIENCE

### Principal

#### Alis Volat Consulting

📅 07/2017 - Present 📍 San Diego, CA

- Focus on management, board governance, law & policy analysis, legislative advocacy, communications, & development for mission-based nonprofits.
- Representative client organizations include: the Endangered Languages Project at the University of Hawai'i at Mānoa, University of Oregon Law School, Cat Adoption Team, Wild Women Film Collective, Skydiver Elsinore, The Raven Corps, & Defend Them All.
- Conduct legislative research & policy analysis related to county government authority & enforcement affecting nonprofit organizations.
- Lead on high-stakes project requiring in-depth institutional analysis related to fiscal sponsorship, nonprofit structure, budget, & funding potential between international partner organizations sharing advocacy goals.
- Counsel private clients on business strategy & career advancement.
- Writer & editor, with an emphasis on fundraising & grants.

### Senior Manager, Policy Alliance

#### The Humane League

📅 08/2022 - 07/2023 📍 Rockville, MD (Remotely)

- Responsible for strategic planning, nonprofit outreach, coalition-building, communications, onboarding, & learning opportunities.
- Created complex administrative systems & improved processes.
- Advised on member organization fiscal sponsorships & grants.
- Lead on internal budgets, reporting, & compliance.
- Law & policy analysis at the local, state, & federal levels.
- Engaged with high-level donors & advised on development communications.
- Served crucial role in furthering equity, offering effective solutions.
- Advocated for, created, & led disability affinity group, "The Ability League," to remotely serve all international employees.

### Executive Director

#### Lawyers Club of San Diego

📅 04/2021 - 06/2022 📍 San Diego, CA

- Led during organization's historic 50th anniversary year.
- Reinvigorated operations, empowered staff, advanced overall equity, updated technology, & revamped social media.
- Oversaw financing & budgets, providing accurate forecasts.
- Tripled the organization's largest corporate donor gift.
- Secured & reported on significant state & federal pandemic relief grants.
- Advised the Board of Directors & Board of Advisors on myriad issues.
- Conducted research & writing addressing a wide breadth of legal, business, & nonprofit matters.
- Contributing editor for organization's monthly magazine, *LC News*.
- Advised on matters related to legislation, policy & politics, as well as associated communications & press releases.
- Navigated complex environment when *Roe v. Wade* overturned.
- Managed organization's Fund for Justice grant disbursements via the San Diego Foundation to support nonprofits serving women & children.

## KEY ACHIEVEMENTS



### Successful in Finance & Development

Secured multiple grants totaling over \$2.7 million, including a 300% increase in corporate donor gift giving.



### Inclusive Advocacy

Achieved a 100% bill passage rate on complicated law reform projects involving diverse stakeholders with conflicting needs.



### Extraordinary Coalition Work

Secured over 70+ legislative wins at the local & state levels with an estimated impact on over a million people minimum.

## SKILLS

Organizational Leadership

Strategic Planning

Complex Communications

Project Management

Process Improvement

Advocacy & Government Relations

## SELECT TRAININGS

### Minimizing Implicit Bias for HR Professionals

Rocky Mountain ADA Center, 2024

### ADA History & Overview

Rocky Mountain ADA Center, 2024

### Whiteness at Work Courses

Whiteness at Work, 2023

### Remediating Structural Racism

Institute of Humane Education, 2023

### Managing to Change the World

The Management Center, 2022

## SELECT HONORS

### State Bar of Wisconsin Award

Highest Achievement in Seminar, Law & Psychiatry.

### Making a Difference Award

First-time staff recipient at Lewis & Clark Law School.

## EXPERIENCE

### Deputy Director

#### Oregon Law Commission

📅 09/2015 - 07/2017 📍 Salem, OR

- Ensured proper procedural & statutory execution along with managing all staff, interns, & volunteers.
- Conducted sensitive strategic planning while maintaining neutral nonpartisan individual & organizational status.
- Collaborated with top policy experts, legislators, & diverse stakeholders to conceptualize, develop & enact crucial law reforms.
- Collaborated with Office of Legislative Counsel on bill drafting, including identifying needed amendments.
- Testified before legislative committees & trained others (including members of the judiciary) on effective public testimony.
- Prepared written exhibits, policy memos, & managed public records law compliance.
- Advocated for & secured increased biennial budget from the Legislature.
- Completed complex negotiations moving Commission's law school base.

### Advisor to House & Senate Judiciary Committees

#### Oregon State Legislature

📅 01/2015 - 08/2015 📍 Salem, OR

- Trusted neutral nonpartisan law, policy, & procedural advisor to Senate & House Committee Leadership & others.
- Tracked, reported on & recommended outcomes for hundreds of measures.
- Ensured receipt of fiscal & revenue impact statements, drafted staff measure summaries, managed public records, & oversaw rule compliance.
- Assisted in overseeing legislative hearings at Chair's discretion.
- Worked closely with legislators, legislative staff, lobbyists, agency representatives, Office of Legislative Counsel, advocates, & citizens to balance conflicting needs & interests.
- Lead advisor on high profile bills addressing environmental protection, land use, tribal jurisdiction, & police body cameras.
- Designated subject-matter expert for a wide variety of topics coming before the Legislature.

### Legislative Lawyer/Program & Policy Analyst

#### Best Friends Animal Society

📅 12/2012 - 09/2014 📍 Kanab, UT (Remotely)

- Operated at local, state, & federal levels to improve animal protection, social justice, disability rights, property rights, & public safety laws utilizing cutting-edge & targeted strategies.
- Managed 6-figure grant budget & worked with community advocates to implement innovative programming in disadvantaged areas across the U.S.
- Developed data analysis techniques measuring grant program impact.
- Collaborated with diverse stakeholders on legislative & community organizing efforts.
- Worked closely with Communications Department, authored numerous high-impact advocacy pieces, & handled media inquiries.
- Presented on various law, policy, & advocacy topics at national conferences, including for the ABA, AVMLA, & academic institutions.
- Advised nonprofit organizations on incorporation & management.

### Assistant Director

#### Center for Animal Law Studies at Lewis & Clark Law School

📅 07/2008 - 12/2012 📍 Portland, OR

- Worked within the nation's leading environmental law program while collaborating across departments & organizations to develop the world's premier animal law program.
- Managed multiple budgets & grants, including a primary fiscal sponsorship of \$1.2 million, renewed after 3 years.
- Conducted in-depth research, law & policy analysis.
- Assisted in drafting op-eds, press releases, & even an *amicus curiae* brief to the United States Supreme Court.
- Conducted data analysis to advance programmatic work, development efforts, & academic pursuits.
- Directed crucial program aspects, such as the international Summer Intensive Animal Law Program.
- Project-managed large events, including the international Animal Law Conference & national student competitions held at Harvard Law School & the UCLA School of Law.

## EDUCATION

### Juris Doctorate

#### University of Wisconsin Law School

📅 2000 - 2005 📍 Madison, WI

### Bachelor of Arts in Anthropology & French, Sociology Minor

#### University of Arizona

📅 1996 - 2000 📍 Tucson, AZ

### Bachelor's Work Abroad

#### Université de Pau et des Pays L'Adour

📅 1998 📍 Pau, France

## AFFILIATIONS

### American Bar Association

Non-attorney member of the Government & Public Sector Lawyers Division, & the Tort Trial & Insurance Practice Section.

### Nonprofit Board Leadership

Past board member of Cat Adoption Team (CAT) - Board President, StubbyDog Project (*ex officio*), & the American Veterinary Medical Law Association (AVMLA).

### United States Parachute Association

Recognized by the Fédération Aéronautique Internationale. 206 skydives logged to date.

## LANGUAGES

### English

Native Speaker



### French

Intermediate



### Spanish

Beginner



## ADDITIONAL SKILLS

### Transformation Management

Public Speaking

Published Writer

Political Science

Campaigns

Community Outreach

Teaching

Volunteer Management

Grant Writing

Media Relations

Public Relations

## PUBLICATIONS

Available Upon Request

## REFERENCES

Available Upon Request



COUNTY OF SAN DIEGO

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Form with fields for Last Name (Kent), First Name (Lorraine), Name of Board (Rancho Santa Fe Community Services District), and District (District 3).

Form asking if the applicant can schedule time accordingly, with Yes/No options and a field for time restrictions.

Form asking for principal areas of interest in County Government, with the example: Community service in North County (Rancho Santa Fe areas).

Form asking to list all County Boards, Commissions or Committees of which the applicant is a current member, with a table for Committee Name and Date Appointed.

Form asking to list past County appointments with dates served, and other past or present community or public service appointments, with a table for Committee/Organization Name and Dates Served.

**STATEMENT OF OCCUPATIONAL EXPERIENCE**

Retired

Current Employer

Job Title

Length of Employment

**Previous Employers**

**Position Title**

**Length of Employment**

Equifax corp

National sales director

1984-1997

**What experience or special knowledge can you bring to your area(s) of interest?**

Board of directors experience: I was elected to the Rancho Santa Fe Association board of directors 2021-2024

**Please list community organizations to which you belong:**

San Diego Tax payer Association, Voice of San Diego, Children’s Hospital auxiliary ( lifetime member)

**Please describe your ethnic origin:**

WHITE (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe

**NOTE:** Candidates for the Assessment Appeals Board, County Hearing Officer, Eye Gnat Abatement

Appeals Board, Fly Abatement and Appeals Board and/or Planning Commission, are required to submit evidence of their qualifications and a Statement of Incompatible Activities Related to County Duties (Form 519) that can be found on the Clerk of the Board’s website at: [www.sandiegocounty.gov/content/sdc/cob/forms.html](http://www.sandiegocounty.gov/content/sdc/cob/forms.html). Candidates may be asked to provide additional information.

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By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.

Lorraine Kent

11/19/2024

Applicant’s Signature

Date

# CONTACT INFORMATION

*Note: Personal information may be withheld from public view as allowed by law.*

Kent	Lorraine
<i>Last Name</i>	<i>First Name</i>
Rancho Santa Fe Community Services District	District 3
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<i>Supervisory District You Live In</i>

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<i>Home Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<i>Mailing Address (if different than home address)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Business Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Home Phone #</i>	<i>Business Phone #</i>		
[REDACTED]			
<i>Mobile Phone #</i>	<i>Business Phone #</i>		
[REDACTED]			
<i>E-Mail Address</i>			





**JOEL ANDERSON**  
SUPERVISOR, SECOND DISTRICT  
SAN DIEGO COUNTY BOARD OF SUPERVISORS

**AGENDA ITEM**

**DATE:** January 7, 2025

**TO:** Board of Supervisors

**RE: SUBJECT: VARIOUS APPOINTMENTS (DISTRICT: 2)**

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**RECOMMENDATION(S): SUPERVISOR JOEL ANDERSON**

Appoint Victoria Floyd to HEALTH SERVICES ADVISORY BOARD, Seat 3, for a term to expire January 8, 2029.

Appoint John McClure to JAMUL/DULZURA COMMUNITY PLANNING GROUP, Seat 1, for a term to expire January 8, 2029.

Appoint David Imrie to JAMUL/DULZURA COMMUNITY PLANNING GROUP, Seat 13, for a term to expire January 8, 2029.

Appoint Peter Smith to RAMONA CEMETERY DISTRICT, Seat 2, for a term to expire January 8, 2029.

Appoint Joe Stupar to RAMONA CEMETERY DISTRICT, Seat 3, for a term to expire January 8, 2027.

**BACKGROUND**

Peter Smith  
Ramona, CA 92065

Joe Stupar  
Ramona, CA 92065



**SUBJECT: VARIOUS APPOINTMENTS (DISTRICT: 2)**

Victoria Floyd  
Jamul, CA 91935

David Imrie Jamul,  
CA 91935

John McClure  
Jamul, CA 91935

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Joel Anderson", with a long horizontal flourish extending to the right.

Joel Anderson, Supervisor, Second District



COUNTY OF SAN DIEGO

APPLICATION FOR COUNTY OF SAN DIEGO BOARD, COMMISSION, OR COMMITTEE

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Submit the completed application to the Clerk of the Board of Supervisors, BCC Desk, 1600 Pacific Highway, Room 402, San Diego, CA 92101-2471 or via e-mail at bcc@sdcountry.ca.gov

Form with fields for Last Name (Floyd), First Name (Victoria), Name of Board (Health Services Advisory Board (HSAB)), and District (District 2).

Form asking if the applicant can schedule their time accordingly, with options for Yes, No, or N/A.

Form asking for principal areas of interest in County Government, with a text input field.

Form asking for current County Boards, Commissions or Committees, with a table for Committee Name and Date Appointed.

Form asking for past County appointments with dates served, with a table for Committee/Organization Name and Dates Served.

**STATEMENT OF OCCUPATIONAL EXPERIENCE**

UC San Diego Health

*Current Employer*

Assistant Director of Government and Community Relations

*6 months*

*Job Title*

*Length of Employment*

<b>Previous Employers</b>	<b>Position Title</b>	<b>Length of Employment</b>
BOS D2	Policy Aide	9.5 years
CA	CA	CA
CA	CA	CA
CA	CA	CA

**What experience or special knowledge can you bring to your area(s) of interest?**

In addition to my several years of experience of health policy for two County Supervisors, I am currently employed by UC San Diego Health as the Assistant Director of Government Affairs and Community Relations. I have a keen understanding of regional health issues, both from in my former capacity in serving the Board of Supervisors, as well as through a health system/provider lens.

**Please list community organizations to which you belong:**

Hospital Association of San Diego and Imperial Counties, San Diego East County Chamber of Commerce, La Mesa Chamber of Commerce, Lincoln Club of SD County, San Diego Regional Chamber of Commerce

**Please describe your ethnic origin:**

WHITE (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe

**Select the gender you identify as:**

Female

**What is your age?**

25-34 years old

**What is your total income?**

Decline to state

**NOTE:** Candidates for the Assessment Appeals Board, County Hearing Officer, Eye Gnat Abatement

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By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.	
Victoria Floyd	12/2/2024
_____	_____
<i>Applicant's Signature</i>	<i>Date</i>

# CONTACT INFORMATION

*Note: Personal information may be withheld from public view as allowed by law.*

Floyd	Victoria
<i>Last Name</i>	<i>First Name</i>
Health Services Advisory Board (HSAB)	<i>District 2</i>
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<i>Supervisory District You Live In</i>

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<i>Home Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<i>Mailing Address (if different than home address)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<i>Business Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<i>Home Phone #</i>	<i>Business Phone #</i>	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<i>Mobile Phone #</i>	<i>Business Phone #</i>	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<i>E-Mail Address</i>	[REDACTED]	[REDACTED]	[REDACTED]



COUNTY OF SAN DIEGO

APPLICATION FOR COUNTY OF SAN DIEGO BOARD, COMMISSION, OR COMMITTEE

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Form with fields for Last Name (McClure), First Name (John), Name of Board (Jamul/Dulzura Community Planning Group), District (District 2), and Name of Board/Committee/Commission.

Section asking if applicant can schedule time accordingly, with Yes/No options and a field for time restrictions.

Section asking for principal areas of interest in County Government, with the example 'Planning and infrastructure in my local area'.

Section for listing current County Boards, Commissions or Committees, with fields for Committee Name and Date Appointed.

Section for listing past County appointments with dates served, with fields for Committee/Organization Name and Dates Served.

**STATEMENT OF OCCUPATIONAL EXPERIENCE**

San Diego Maritime Museum

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*Current Employer*  
boat captian

---

*Job Title* *17 years*  
*Length of Employment*

<b>Previous Employers</b>	<b>Position Title</b>	<b>Length of Employment</b>
Self employed	Marriage/family Therapist/Hospice care	30 years
Self employed	carpenter/cabinet maker/woodworker	20 years

**What experience or special knowledge can you bring to your area(s) of interest?**  
Listening, working cooperatively, undrstanding system dynamics and research

**Please list community organizations to which you belong:**  
none

**Please describe your ethnic origin:**  
WHITE (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe

**Select the gender you identify as:**  
Male

**What is your age?**  
75 years or older

**What is your total income?**  
\$75,000 to \$99,999

**NOTE:** Candidates for the Assessment Appeals Board, County Hearing Officer, Eye Gnat Abatement

Appeals Board, Fly Abatement and Appeals Board and/or Planning Commission, are required to submit evidence of their qualifications and a Statement of Incompatible Activities Related to County Duties (Form 519) that can be found on the Clerk of the Board's website at: [www.sandiegocounty.gov/content/sdc/cob/forms.html](http://www.sandiegocounty.gov/content/sdc/cob/forms.html). Candidates may be asked to provide additional information.

Membership qualifications for all County Boards, Commissions and Committees may be accessed through the Clerk of the Board's website at [www.sandiegocounty.gov/cob/bcac/](http://www.sandiegocounty.gov/cob/bcac/) or by calling (619) 531-5600. This Application will be considered complete when such requirements are provided by the applicant.

By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.

John McClure

11/21/2024

*Applicant's Signature*

*Date*



## CONTACT INFORMATION

Note: Personal information may be withheld from public view as allowed by law.

McClure	John
<hr/> Last Name	<hr/> First Name
Jamul/Dulzura Community Planning Group	District 2
<hr/> Name of Board, Committee, or Commission to Which You are Applying for Membership	<hr/> Supervisorial District You Live In

<hr/> [REDACTED]			
<hr/> Home Street Address	<hr/> City	<hr/> State	<hr/> Zip
<hr/> Mailing Address (if different than home address)	<hr/> City	<hr/> State	<hr/> Zip
<hr/> Business Street Address	<hr/> City	<hr/> State	<hr/> Zip
<hr/> [REDACTED]			
<hr/> Home Phone #	<hr/> Business Phone #		
<hr/> [REDACTED]			
<hr/> Mobile Phone #	<hr/> Business Phone #		
<hr/> [REDACTED]			
<hr/> E-Mail Address			



County of San Diego, Planning & Development Services

CANDIDATE CERTIFICATION FOR APPOINTMENT TO A PLANNING OR SPONSOR GROUP VACANCY

For Non-Election Appointments Only - Not to be used for Regular Planning Group Elections

The undersigned agrees to comply with all Board of Supervisors policies pertaining to Community Planning or Sponsor Groups and understands that group members are subject to the open meeting requirements of the Ralph M. Brown Act.

By signing below, I declare that the information provided in my application is accurate and complete to the best of my knowledge.

If applying for a Planning Group: I declare that I am a registered voter living within the Planning Group's boundaries.

If applying for a Sponsor Group: I declare that I am a registered voter and currently own property in or reside within the Sponsor Group's boundaries.

If appointed, I will file a Form 700, Statement of Economic Interest, in a timely manner as instructed in the appointment letter.

Signature: John McClure Date: 11/23/24
Print Name on Voter's Registration Form: John McClure
First Name Last Name

Community Planning/Sponsor Group Chair or Designated Representative Endorsement:

Group Chair:

As the current Chair of the Jamul-Dulzora Community Planning/Sponsor Group, I confirm that I have reviewed this application for completeness, and it may be certified by the ROV.

Signature: Kevin May Date: 11/26/2024
Print Name: KEVIN MAY Date Elected Chair: 1/25/2023
Email Address: Phone:

For Internal Use Only:

Registrar of Voters Confirmation:

I certify that the applicant is a registered voter and is eligible for membership of the Jamul-Dulzora Community Planning/Sponsor Group for which he/she seeks to be appointed.

Voter ID # Signed: Amber Lathen Deputy Registrar of Voters

ROV Date Stamp:





COUNTY OF SAN DIEGO

APPLICATION FOR COUNTY OF SAN DIEGO BOARD, COMMISSION, OR COMMITTEE

INSTRUCTIONS: Please complete this form in its entirety. Be sure to include the full title of the Board, Commission or Committee for which you desire consideration. Note the additional requirements listed at the bottom of the second page.

(For Official Use Only)

Please note that this application is a public record subject to disclosure. This application will be active for a period of one year. After one year, it is necessary to file a new application for another year of eligibility.

Submit the completed application to the Clerk of the Board of Supervisors, BCC Desk, 1600 Pacific Highway, Room 402, San Diego, CA 92101-2471 or via e-mail at bcc@sdcounty.ca.gov

Form with fields for Last Name (Imrie), First Name (David), Name of Board (Jamul/Dulzura Community Planning Group), and District (District 2).

Form with question: County boards, commissions, and committees meet at times mutually satisfactory to the members. Day meetings are more common than evening meetings. Will you be able to schedule your time accordingly? [X] Yes [ ] No. Includes a field for 'None' and a note to list any time restrictions.

Form with question: What are your principal areas of interest in County Government? Answer: Planning: growth resource management.

Form with question: List all County Boards, Commissions or Committees of which you are a current member. Not a current member [X]. Includes fields for Committee Name and Date Appointed.

Form with question: List past County appointments with dates served, and other past or present community or public service appointments. Not a current member [X]. Includes fields for Committee/Organization Name and Dates Served.

**STATEMENT OF OCCUPATIONAL EXPERIENCE**

Retired

---

Current Employer

---

Job Title \_\_\_\_\_ Length of Employment \_\_\_\_\_

Previous Employers	Position Title	Length of Employment
Navy Exchange Command	Director, Loss Prevention/Safety (CONUS)	6/17/1996 - 6/1/2020
Peak Health Plan, San Diego	Senior Vice President	6/1982 - 5/1990
Advanced Health Systems, Inc	Regional Manager	8/1978 - 5/1982
Gamble-Skogmo, Inc	Regional Operations Manager	4/1975 - 7/1978

**What experience or special knowledge can you bring to your area(s) of interest?**  
 Senior management experience; business analysis and experience; legal knowledge (I'm a licensed CA attorney)

**Please list community organizations to which you belong:**  
 none

**Please describe your ethnic origin:**  
 WHITE (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe

**NOTE:** Candidates for the Assessment Appeals Board, County Hearing Officer, Eye Gnat Abatement

Appeals Board, Fly Abatement and Appeals Board and/or Planning Commission, are required to submit evidence of their qualifications and a Statement of Incompatible Activities Related to County Duties (Form 519) that can be found on the Clerk of the Board's website at: [www.sandiegocounty.gov/content/sdc/cob/forms.html](http://www.sandiegocounty.gov/content/sdc/cob/forms.html). Candidates may be asked to provide additional information.

Membership qualifications for all County Boards, Commissions and Committees may be accessed through the Clerk of the Board's website at [www.sandiegocounty.gov/cob/bcac/](http://www.sandiegocounty.gov/cob/bcac/) or by calling (619) 531-5600. This Application will be considered complete when such requirements are provided by the applicant.

By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.

David Imrie \_\_\_\_\_ 11/6/2024 \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

# CONTACT INFORMATION

Note: Personal information may be withheld from public view as allowed by law.

Imrie	David
<i>Last Name</i>	<i>First Name</i>
Jamul/Dulzura Community Planning Group	<i>District 2</i>
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<i>Supervisorial District You Live In</i>

[REDACTED]			
<i>Home Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Mailing Address (if different than home address)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Business Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Home Phone #</i>	<i>Business Phone #</i>		
<i>Mobile Phone #</i>	<i>Business Phone #</i>		
<i>E-Mail Address</i>			





# CANDIDATE CERTIFICATION FOR APPOINTMENT TO A PLANNING OR SPONSOR GROUP VACANCY

*For Non-Election Appointments Only –  
Not to be used for Regular Planning Group Elections*

The undersigned agrees to comply with all Board of Supervisors policies pertaining to Community Planning or Sponsor Groups and understands that group members are subject to the open meeting requirements of the Ralph M. Brown Act.

By signing below, I declare that the information provided in my application is accurate and complete to the best of my knowledge.

If applying for a Planning Group: I declare that I am a registered voter living within the Planning Group's boundaries.

If applying for a Sponsor Group: I declare that I am a registered voter and currently own property in or reside within the Sponsor Group's boundaries.

If appointed, I will file a Form 700, Statement of Economic Interest, in a timely manner as instructed in the appointment letter.

Signature: David Imrie

Date: November 15, 2024

Print Name on Voter's Registration Form: David Imrie  
First Name Last Name

**Community Planning/Sponsor Group Chair or Designated Representative Endorsement:**

**Group Chair:**

As the current Chair of the JAMIL-DULZURA Community Planning/Sponsor Group, I confirm that I have reviewed this application for completeness, and it may be certified by the ROV.

Signature: Kevin James May

Date: 11/17/2024

Print Name: Kevin James May

Date Elected Chair: 1/25/2023

Email Address: [Redacted]

Phone: [Redacted]

**For Internal Use Only:**

**Registrar of Voters Confirmation:**

I certify that the applicant is a registered voter and is eligible for membership of the Jamil - Dulzura Community Planning/Sponsor Group for which he/she seeks to be appointed.

Voter ID #: [Redacted]

Signed: Amber Salter  
Deputy Registrar of Voters

ROV Date Stamp:





COUNTY OF SAN DIEGO

APPLICATION FOR COUNTY OF SAN DIEGO BOARD, COMMISSION, OR COMMITTEE

INSTRUCTIONS: Please complete this form in its entirety. Be sure to include the full title of the Board, Commission or Committee for which you desire consideration. Note the additional requirements listed at the bottom of the second page.

(For Official Use Only)

Please note that this application is a public record subject to disclosure. This application will be active for a period of one year. After one year, it is necessary to file a new application for another year of eligibility.

Submit the completed application to the Clerk of the Board of Supervisors, BCC Desk, 1600 Pacific Highway, Room 402, San Diego, CA 92101-2471 or via e-mail at bcc@sdcounty.ca.gov

Form with fields for Last Name (Smith), First Name (Peter), Name of Board (Ramona Cemetery District), and District (District 2).

Form asking if applicant can schedule time accordingly, with Yes/No options and a field for time restrictions.

Form asking for principal areas of interest in County Government, with a handwritten response: 'I have lived in the Ramona Community for over 40 years and want to contribute to the community.'

Form asking for current County Boards, Commissions or Committees, with a table for Committee Name and Date Appointed.

Form asking for past County appointments with dates served, with a table for Committee/Organization Name and Dates Served.

**STATEMENT OF OCCUPATIONAL EXPERIENCE**

Ekard Smith and Associates

*Current Employer*

Partner

10 years

*Job Title*

*Length of Employment*

**Previous Employers**

**Position Title**

**Length of Employment**

Rancho Santa Fe Association

CAO

18 years

**What experience or special knowledge can you bring to your area(s) of interest?**

BS in finance from SDSU Chief Administrative Officer managing over 160 employees Worked extensively with San Diego County as a member of the Audit Committee

**Please list community organizations to which you belong:**

None Currently

**Please describe your ethnic origin:**

WHITE (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe

**NOTE:** Candidates for the Assessment Appeals Board, County Hearing Officer, Eye Gnat Abatement

Appeals Board, Fly Abatement and Appeals Board and/or Planning Commission, are required to submit evidence of their qualifications and a Statement of Incompatible Activities Related to County Duties (Form 519) that can be found on the Clerk of the Board's website at: [www.sandiegocounty.gov/content/sdc/cob/forms.html](http://www.sandiegocounty.gov/content/sdc/cob/forms.html). Candidates may be asked to provide additional information.

Membership qualifications for all County Boards, Commissions and Committees may be accessed through the Clerk of the Board's website at [www.sandiegocounty.gov/cob/bcac/](http://www.sandiegocounty.gov/cob/bcac/) or by calling (619) 531-5600. This Application will be considered complete when such requirements are provided by the applicant.

By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.

Peter Smith

10/3/2024

*Applicant's Signature*




*Date*



# CONTACT INFORMATION

*Note: Personal information may be withheld from public view as allowed by law.*

Smith	Peter
<hr/> <i>Last Name</i>	<hr/> <i>First Name</i>
Ramona Cemetery District	<hr/> <i>District 2</i>
<hr/> <i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<hr/> <i>Supervisorial District You Live In</i>

			
<hr/> <i>Home Street Address</i>	<hr/> <i>City</i>	<hr/> <i>State</i>	<hr/> <i>Zip</i>
<hr/> <i>Mailing Address (if different than home address)</i>	<hr/> <i>City</i>	<hr/> <i>State</i>	<hr/> <i>Zip</i>
<hr/> <i>Business Street Address</i>	<hr/> <i>City</i>	<hr/> <i>State</i>	<hr/> <i>Zip</i>
<hr/> <i>Home Phone #</i>	<hr/> <i>Business Phone #</i>		
			
<hr/> <i>Mobile Phone #</i>	<hr/> <i>Business Phone #</i>		
			
<hr/> <i>E-Mail Address</i>			



COUNTY OF SAN DIEGO

APPLICATION FOR COUNTY OF SAN DIEGO BOARD, COMMISSION, OR COMMITTEE

INSTRUCTIONS: Please complete this form in its entirety. Be sure to include the full title of the Board, Commission or Committee for which you desire consideration. Note the additional requirements listed at the bottom of the second page.

(For Official Use Only)

Please note that this application is a public record subject to disclosure. This application will be active for a period of one year. After one year, it is necessary to file a new application for another year of eligibility.

Submit the completed application to the Clerk of the Board of Supervisors, BCC Desk, 1600 Pacific Highway, Room 402, San Diego, CA 92101-2471 or via e-mail at bcc@sdcounty.ca.gov

Stupar Joe
Last Name First Name
Ramona Cemetery District District 2
Name of Board, Committee, or Commission to Which You are Applying for Membership Supervisorial District You Live In

County boards, commissions, and committees meet at times mutually satisfactory to the members. Day meetings are more common than evening meetings. Will you be able to schedule your time accordingly? [X] Yes [ ] No
Third Thursday of the month and second and third Monday of the month
Please list any time restrictions

What are your principal areas of interest in County Government?
Community outreach, government affairs and communication of government to the public.
Helping the public in getting information or resources they need from county government.

List all County Boards, Commissions or Committees of which you are a current member.
Not a current member [X]
Committee Name Date Appointed

List past County appointments with dates served, and other past or present community or public service appointments.
Not a current member [X]
Committee/Organization Name Dates Served

**STATEMENT OF OCCUPATIONAL EXPERIENCE**

Ramona Chamber of Commerce

Current Employer  
Executive Director  
Job Title

9 years  
Length of Employment

Previous Employers	Position Title	Length of Employment
self employed p/t	owner	15years
Home Depot	department Manager and asst. Store Manager	18years
_____	_____	_____
_____	_____	_____

**What experience or special knowledge can you bring to your area(s) of interest?**  
 lived in Ramona for 29 years. I work for the Chamber of Commerce of Romona, we are one of the main sources of communication for SDG&E, state of California, Caltrans, and the County Government to our businesses and the public in Ramona. In my current Job and past jobs, I have to work with the public and balance budgets (from 250k to 60million at Home Depot). I have volunteered for many nonprofits and currently sit on board that have to balance budgets and be transparent to members and the public.

**Please list community organizations to which you belong:**  
 Current Poway Rodeo 19years!

**Please describe your ethnic origin:**  
 WHITE (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe

**NOTE:** Candidates for the Assessment Appeals Board, County Hearing Officer, Eye Gnat Abatement

Appeals Board, Fly Abatement and Appeals Board and/or Planning Commission, are required to submit evidence of their qualifications and a Statement of Incompatible Activities Related to County Duties (Form 519) that can be found on the Clerk of the Board’s website at: [www.sandiegocounty.gov/content/sdc/cob/forms.html](http://www.sandiegocounty.gov/content/sdc/cob/forms.html). Candidates may be asked to provide additional information.

Membership qualifications for all County Boards, Commissions and Committees may be accessed through the Clerk of the Board’s website at [www.sandiegocounty.gov/cob/bcac/](http://www.sandiegocounty.gov/cob/bcac/) or by calling (619) 531-5600. This Application will be considered complete when such requirements are provided by the applicant.

By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.

Joe Stupar

11/18/2024

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

# CONTACT INFORMATION

*Note: Personal information may be withheld from public view as allowed by law.*

Stupar	Joe	
<i>Last Name</i>	<i>First Name</i>	
Ramona Cemetery District		<i>District 2</i>
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>		<i>Supervisorial District You Live In</i>

[REDACTED]			
<i>Home Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
[REDACTED]			
<i>Mailing Address (if different than home address)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
[REDACTED]			
<i>Business Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
[REDACTED]			
<i>Home Phone #</i>	<i>Business Phone #</i>		
[REDACTED]			
<i>Mobile Phone #</i>	<i>Business Phone #</i>		
[REDACTED]			
<i>E-Mail Address</i>			



# Monica Montgomery Steppe

SUPERVISOR, FOURTH DISTRICT  
San Diego County Board Of Supervisors

**DATE:** January 7th, 2025

**TO:** BOARD OF SUPERVISORS

**SUBJECT:** Appointment to Various BOARDS, COMMISSIONS AND COMMITTEES

**Recommendation:**

SUPERVISOR MONICA MONTGOMERY STEPPE

Re-Appoint Karibia Baillargeon to the VALLE DE ORO COMMUNITY PLANNING GROUP, Seat 7 for a term to expire January 8, 2029.

**Background information:**

Elga Karibia Baillargeon  
La Mesa, CA 91941

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Monica Steppe".

MONICA MONTGOMERY STEPPE  
Supervisor, Fourth District  
San Diego County Board of Supervisors



**JIM DESMOND**  
SUPERVISOR, FIFTH DISTRICT  
SAN DIEGO COUNTY BOARD OF SUPERVISORS

**AGENDA ITEM**

DATE: January 7, 2025

TO: BOARD OF SUPERVISORS

SUBJECT: Appointment to BORREGO SPRINGS COMMUNITY SPONSOR GROUP,  
VARIOUS

**Recommendation:**  
**SUPERVISOR JIM DESMOND**

Re-appoint Arnold "Bruce" Durbin to the BORREGO SPRINGS SPONSOR GROUP,  
Seat No.1 for a term to expire January 8, 2029.

Re-appoint William Haneline to the BORREGO SPRINGS SPONSOR GROUP, Seat  
No.3 for a term to expire January 8, 2029.

Appoint Anne O'Connor to the BORREGO SPRINGS SPONSOR GROUP, Seat No.7  
for a term to expire January 8, 2029.

Re-appoint William Berkley to the BORREGO SPRINGS SPONSOR GROUP, Seat  
No.9 for a term to expire January 8, 2029.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Jim Desmond".

JIM DESMOND  
Supervisor, Fifth District



COUNTY OF SAN DIEGO

APPLICATION FOR COUNTY OF SAN DIEGO BOARD, COMMISSION, OR COMMITTEE

INSTRUCTIONS: Please complete this form in its entirety. Be sure to include the full title of the Board, Commission or Committee for which you desire consideration. Note the additional requirements listed at the bottom of the second page.

(For Official Use Only)

Please note that this application is a public record subject to disclosure. This application will be maintained for a period of one year. After one year, it is necessary to file a new application for another year of eligibility.

Submit the completed application to the Clerk of the Board of Supervisors, BCC Desk, 1600 Pacific Highway, Room 402, San Diego, CA 92101-2471 or via e-mail at bcc@sdcounty.ca.gov

O'Connor Anne
Last Name First Name
Sponsor Group Borrego Springs Desmond
Name of Board, Committee, or Commission to Which You are Applying for Membership Supervisorial District You Live In

County boards, commissions, and committees meet at times mutually satisfactory to the members. Day meetings are more common than evening meetings. Will you be able to schedule your time accordingly? [X] Yes [ ] No
Please list any time restrictions

What are your principal areas of interest in County Government?
Safety, Zoning, Water, Utilities, Housing, Development, Crime, SVPs

List all County Boards, Commissions or Committees of which you are a current member.
Committee Name Date Appointed
None at this time

List past County appointments with dates served, and other past or present community or public service appointments.
Committee/Organization Name Dates Served
Mesa College Radiologic Technology Advisory Board
Pima School of Medical Technologies Advisory Board
Roadrunner Club Association Board
Imaging Healthcare Specialists Executive Board



# STATEMENT OF OCCUPATIONAL EXPERIENCE

Retired  
 Current Employer \_\_\_\_\_  
 Job Title \_\_\_\_\_ Length of Employment \_\_\_\_\_

Previous Employers	Position Title	Length of Employment
Imaging Healthcare Specialists	Director of Imaging	17 years
_____	_____	_____
_____	_____	_____
_____	_____	_____

**What experience or special knowledge can you bring to your area(s) of interest?**  
 I'm engaged and informed of politics and I am interested in all points of view on both sides of the political spectrum.  
 I have extensive experience in dealing with goverernment organizations in my position at IHS.  
 I oversaw the design and construction of multiple imaging center including permitting and compliance.  
 I personally handled all ACR Accreditation for 12 MRI scanners.  
 I assisted in credentialing of physicians across 15 Imaging Centers.

**Please list community organizations to which you belong:**  
 Borrego Spring Art Guild  
 Anza Borrego Desert Natural History Assocoation  
 Surfrider Foundation  
 Borrego Springs Chamber of Commerce

**NOTE:** Candidates for the Air Pollution Control District Hearing Board, Assessment Appeals Board, County Hearing Officer, Eye Gnat Abatement Appeals Board, Fly Abatement and Appeals Board and/or Planning Commission, are required to submit evidence of their qualifications and a Statement of Incompatible Activities Related to County Duties (Form 519) that can be found on the Clerk of the Board's website at: [www.sandiegocounty.gov/content/sdc/cob/forms.html](http://www.sandiegocounty.gov/content/sdc/cob/forms.html). Candidates may be asked to provide additional information.  
 Membership qualifications for all County Boards, Commissions and Committees may be accessed through the Clerk of the Board's website at [www.sandiegocounty.gov/cob/bcac/](http://www.sandiegocounty.gov/cob/bcac/) or by calling (619) 531-5600. This Application will be considered complete when such requirements are provided by the applicant.




By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.

*Ann C. O'Connor*  
 Applicant's Signature \_\_\_\_\_ Date 03/25/24

# CONTACT INFORMATION

Note: Personal information may be withheld from public view as allowed by law.

<b>O'Connor</b> <i>Last Name</i>	<b>Anne</b> <i>First Name</i>
<b>Bprrego Springs Sponsor Group</b> <i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<b>Desmond</b> <i>Supervisorial District You Live In</i>

			
<i>Home Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<hr/>			
<i>Mailing Address (if different than home address)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<hr/>			
<i>Business Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<b>N/A</b>			
<i>Home Phone #</i>	<i>Business Phone #</i>		
			
<i>Mobile Phone #</i>	<i>Fax #</i>		
			
<i>E-Mail Address</i>			



County of San Diego, Planning & Development Services

**CANDIDATE CERTIFICATION FOR APPOINTMENT TO A PLANNING OR SPONSOR GROUP VACANCY**

*For Non-Election Appointments Only –  
Not to be used for Regular Planning Group Elections*

The undersigned agrees to comply with all Board of Supervisors policies pertaining to Community Planning or Sponsor Groups and understands that group members are subject to the open meeting requirements of the Ralph M. Brown Act.

By signing below, I declare that the information provided in my application is accurate and complete to the best of my knowledge.

If applying for a Planning Group: I declare that I am a registered voter living within the Planning Group's boundaries.

If applying for a Sponsor Group: I declare that I am a registered voter and currently own property in or reside within the Sponsor Group's boundaries.

If appointed, I will file a Form 700, Statement of Economic Interest, in a timely manner as instructed in the appointment letter.

Signature: Anne C. O'Connor Date: 03/25/24

Print Name on Voter's Registration Form: Anne Curran O'Connor  
First Name Last Name

Community Planning/Sponsor Group Chair or Designated Representative Endorsement:

**Group Chair:**

As the current Chair of the Borrego Springs Community S/G Community Planning/Sponsor Group, I confirm that I have reviewed this application for completeness, and it may be certified by the ROV.

Signature: [Signature] Date: 3/25/24

Print Name: John P. Ferocci Date Elected Chair: 12/23

Email Address: [Redacted] Phone: [Redacted]

For Internal Use Only:

**Registrar of Voters Confirmation:**

I certify that the applicant is a registered voter and is eligible for membership of the Borrego Springs Community Planning/Sponsor Group for which he/she seeks to be appointed.

Voter ID # [Redacted] Signed: [Signature]  
Deputy Registrar of Voters

ROV Date Stamp:

2024 MAR 29 A 8:58

REC'D S. D. CO. ROV

PDS-900 REV.: 02/15/2023

This application is a public record and is subject to the rules of disclosure.  
Not valid for appointment without current Chair's signature and ROV certification.





**JIM DESMOND**  
SUPERVISOR, FIFTH DISTRICT  
SAN DIEGO COUNTY BOARD OF SUPERVISORS

**AGENDA ITEM**

DATE: January 7, 2025

TO: BOARD OF SUPERVISORS

SUBJECT: Appointment to EMERGENCY MEDICAL CARE COMMITTEE,  
Seat No. 28

**Recommendation:**  
**SUPERVISOR JIM DESMOND**

Re-appoint Christian Sloane to the EMERGENCY MEDICAL CARE COMMITTEE,  
Seat No. 28 for a term to expire January 7, 2029.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Jim Desmond", is written over a faint circular stamp.

JIM DESMOND  
Supervisor, Fifth District



**JIM DESMOND**  
SUPERVISOR, FIFTH DISTRICT  
SAN DIEGO COUNTY BOARD OF SUPERVISORS

**AGENDA ITEM**

DATE: January 7, 2025

TO: BOARD OF SUPERVISORS

SUBJECT: Appointment to the HIDDEN MEADOWS COMMUNITY SPONSOR  
GROUP, VARIOUS

**Recommendation:**  
**SUPERVISOR JIM DESMOND**

Re-appoint Mark Delin to the HIDDEN MEADOWS COMMUNITY SPONSOR GROUP,  
Seat No.3 for a term to expire January 8, 2029.

Re-appoint Joseph Michalowski to the HIDDEN MEADOWS COMMUNITY SPONSOR  
GROUP, Seat No.5 for a term to expire January 8, 2029.

Re-appoint Bret Sealy to the HIDDEN MEADOWS COMMUNITY SPONSOR GROUP,  
Seat No.9 for a term to expire January 8, 2029.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Jim Desmond".

JIM DESMOND  
Supervisor, Fifth District



**JIM DESMOND**  
SUPERVISOR, FIFTH DISTRICT  
SAN DIEGO COUNTY BOARD OF SUPERVISORS

**AGENDA ITEM**

DATE: January 7, 2025

TO: BOARD OF SUPERVISORS

SUBJECT: Appointment to I-15 CORRIDOR DESIGN REVIEW BOARD, Seat No. 2

**Recommendation:**  
**SUPERVISOR JIM DESMOND**

Re-appoint Gregory Doud to the I-15 CORRIDOR DESIGN REVIEW BOARD, Seat No. 2 for a term to expire on January 7, 2027.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Jim Desmond", is written over a faint circular stamp.

JIM DESMOND  
Supervisor, Fifth District



**JIM DESMOND**  
SUPERVISOR, FIFTH DISTRICT  
SAN DIEGO COUNTY BOARD OF SUPERVISORS

**AGENDA ITEM**

DATE: January 7, 2025

TO: BOARD OF SUPERVISORS

SUBJECT: Appointment to the PALOMAR MOUNTAIN COMMUNITY SPONSOR  
GROUP, Seat No. 3

**Recommendation:**  
**SUPERVISOR JIM DESMOND**

Re-appoint Robert Carlyle to the PALOMAR MOUNTAIN COMMUNITY SPONSOR  
GROUP, Seat No.3 for a term to expire January 8, 2029.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Jim Desmond", is written over a horizontal line.

JIM DESMOND  
Supervisor, Fifth District



**JIM DESMOND**  
SUPERVISOR, FIFTH DISTRICT  
SAN DIEGO COUNTY BOARD OF SUPERVISORS

**AGENDA ITEM**

DATE: January 7, 2025

TO: BOARD OF SUPERVISORS

SUBJECT: Appointment to the RAINBOW COMMUNITY PLANNING GROUP,  
Seat No. 3

**Recommendation:**  
**SUPERVISOR JIM DESMOND**

Appoint Patricia Eastman to the RAINBOW COMMUNITY PLANNING GROUP, Seat No.3 for a term to expire January 8, 2029.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Jim Desmond".

JIM DESMOND  
Supervisor, Fifth District





COUNTY OF SAN DIEGO

APPLICATION FOR COUNTY OF SAN DIEGO BOARD, COMMISSION, OR COMMITTEE

INSTRUCTIONS: Please complete this form in its entirety. Be sure to include the full title of the Board, Commission or Committee for which you desire consideration. Note the additional requirements listed at the bottom of the second page.

(For Official Use Only)

Please note that this application is a public record subject to disclosure. This application will be active for a period of one year. After one year, it is necessary to file a new application for another year of eligibility.

Submit the completed application to the Clerk of the Board of Supervisors, BCC Desk, 1600 Pacific Highway, Room 402, San Diego, CA 92101-2471 or via e-mail at bcc@sdcountry.ca.gov

Form with fields for Last Name (Eastman), First Name (Pat), Name of Board (Rainbow Community Planning Group), and District (District 5).

Section asking if the applicant can schedule their time accordingly, with Yes/No options and a field for time restrictions.

Section asking for principal areas of interest in County Government, with a handwritten response: 'Keeping our community safe Keeping a focus on inland North County issues at the County level'.

Section for listing current County Boards, Commissions or Committees, with a checked box for 'Not a current member' and empty fields for Name and Date Appointed.

Section for listing past County appointments with dates served, with a checked box for 'Not a current member' and empty fields for Name and Dates Served.

**STATEMENT OF OCCUPATIONAL EXPERIENCE**

Okapi Educational Publishing	
<hr/>	
<i>Current Employer</i>	
Executive Director of Professional Dev.	15
<i>Job Title</i>	<i>Length of Employment</i>

Previous Employers	Position Title	Length of Employment
Eastman Educational Associates	President	15
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

**What experience or special knowledge can you bring to your area(s) of interest?**  
 I have experience in both organizational design and management. On top of running a small business, I have also managed large scale professional development projects. I also manage all of our company's key customer relationships.

**Please list community organizations to which you belong:**  
 Secretary of the Rainbow Valley Grange

**Please describe your ethnic origin:**

**NOTE:** Candidates for the Assessment Appeals Board, County Hearing Officer, Eye Gnat Abatement

Appeals Board, Fly Abatement and Appeals Board and/or Planning Commission, are required to submit evidence of their qualifications and a Statement of Incompatible Activities Related to County Duties (Form 519) that can be found on the Clerk of the Board's website at: [www.sandiegocounty.gov/content/sdc/cob/forms.html](http://www.sandiegocounty.gov/content/sdc/cob/forms.html). Candidates may be asked to provide additional information.

Membership qualifications for all County Boards, Commissions and Committees may be accessed through the Clerk of the Board's website at [www.sandiegocounty.gov/cob/bcac/](http://www.sandiegocounty.gov/cob/bcac/) or by calling (619) 531-5600. This Application will be considered complete when such requirements are provided by the applicant.

By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.	
Pat Eastman	10/31/2024
<hr/>	<hr/>
<i>Applicant's Signature</i>	<i>Date</i>

# CONTACT INFORMATION

Note: Personal information may be withheld from public view as allowed by law.

Eastman	Pat	
<i>Last Name</i>	<i>First Name</i>	
Rainbow Community Planning Group		<i>District 5</i>
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>		<i>Supervisorial District You Live In</i>

[REDACTED]			
<i>Home Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Mailing Address (if different than home address)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
[REDACTED]			
<i>Business Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
[REDACTED]			
<i>Home Phone #</i>	<i>Business Phone #</i>		
<i>Mobile Phone #</i>	<i>Business Phone #</i>		
[REDACTED]			
<i>E-Mail Address</i>			



County of San Diego, Planning & Development Services

# CANDIDATE CERTIFICATION FOR APPOINTMENT TO A PLANNING OR SPONSOR GROUP VACANCY

*For Non-Election Appointments Only –  
Not to be used for Regular Planning Group Elections*

The undersigned agrees to comply with all Board of Supervisors policies pertaining to Community Planning or Sponsor Groups and understands that group members are subject to the open meeting requirements of the Ralph M. Brown Act.

By signing below, I declare that the information provided in my application is accurate and complete to the best of my knowledge.

If applying for a Planning Group: I declare that I am a registered voter living within the Planning Group's boundaries.

If applying for a Sponsor Group: I declare that I am a registered voter and currently own property in or reside within the Sponsor Group's boundaries.

If appointed, I will file a Form 700, Statement of Economic Interest, in a timely manner as instructed in the appointment letter.

Signature: *Patricia Eastman* Date: 11/04/2024

Print Name on Voter's Registration Form: Patricia Eastman  
First Name Last Name

Community Planning/Sponsor Group Chair or Designated Representative Endorsement:

**Group Chair:**

As the current Chair of the Rainbow Community Planning/Sponsor Group, I confirm that I have reviewed this application for completeness, and it may be certified by the ROV.

Signature: *B. ...* Date: 11-7-2024

Print Name: BARTIN ... Date Elected Chair: 11/15/2023

Email Address: [Redacted] Phone: [Redacted]

**For Internal Use Only:**

**Registrar of Voters Confirmation:**

I certify that the applicant is a registered voter and is eligible for membership of the Rainbow Community Planning/Sponsor Group for which he/she seeks to be appointed.

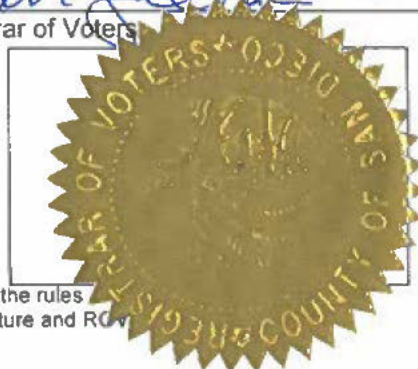
Voter ID # [Redacted] Signed: *Amber ...*  
Deputy Registrar of Voters

ROV Date Stamp:

2024 NOV -8 AM 11:12  
REC'D S.D. CO ROV

PDS-900 REV.: 02/16/2023

This application is a public record and is subject to the rules  
Not valid for appointment without current Chair's signature and ROV





**JIM DESMOND**  
SUPERVISOR, FIFTH DISTRICT  
SAN DIEGO COUNTY BOARD OF SUPERVISORS

**AGENDA ITEM**

DATE: January 7, 2025

TO: BOARD OF SUPERVISORS

SUBJECT: Appointment to the TWIN OAKS COMMUNITY SPONSOR GROUP,  
Seat No. 1

**Recommendation:**  
**SUPERVISOR JIM DESMOND**

Re-appoint Sandra Farrell to the TWIN OAKS COMMUNITY SPONSOR GROUP, Seat No.1 for a term to expire January 8, 2029.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Jim Desmond", is written over a horizontal line.

JIM DESMOND  
Supervisor, Fifth District



**JIM DESMOND**  
SUPERVISOR, FIFTH DISTRICT  
SAN DIEGO COUNTY BOARD OF SUPERVISORS

**AGENDA ITEM**

DATE: January 7, 2025

TO: BOARD OF SUPERVISORS

SUBJECT: Appointment to the VALLEY CENTER COMMUNITY PLANNING GROUP,  
Seat No. 6

**Recommendation:**  
**SUPERVISOR JIM DESMOND**

Appoint Lisa Adams to the VALLEY CENTER COMMUNITY PLANNING GROUP, Seat No.6 for a term to expire January 4, 2027.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Jim Desmond", is written over a horizontal line.

JIM DESMOND  
Supervisor, Fifth District



COUNTY OF SAN DIEGO

APPLICATION FOR COUNTY OF SAN DIEGO BOARD, COMMISSION, OR COMMITTEE

INSTRUCTIONS: Please complete this form in its entirety. Be sure to include the full title of the Board, Commission or Committee for which you desire consideration. Note the additional requirements listed at the bottom of the second page.

(For Official Use Only)

Please note that this application is a public record subject to disclosure. This application will be active for a period of one year. After one year, it is necessary to file a new application for another year of eligibility.

Submit the completed application to the Clerk of the Board of Supervisors, BCC Desk, 1600 Pacific Highway, Room 402, San Diego, CA 92101-2471 or via e-mail at bcc@sdcounty.ca.gov

Form with fields for Last Name (Adams), First Name (Lisa), Name of Board (Valley Center Community Planning Group), and District (District 5).

Form asking if the applicant can schedule time accordingly, with Yes/No options and a field for time restrictions.

Form asking for principal areas of interest in County Government, with a field for the answer.

Form asking to list all County Boards, Commissions or Committees of which the applicant is a current member.

Form asking to list past County appointments with dates served, and other past or present community or public service appointments.

# STATEMENT OF OCCUPATIONAL EXPERIENCE

Refer to attached application

\_\_\_\_\_  
*Current Employer*

\_\_\_\_\_  
*Job Title*

\_\_\_\_\_  
*Length of Employment*

**Previous Employers**

**Position Title**

**Length of  
Employment**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**What experience or special knowledge can you bring to your area(s) of interest?**

Refer to attached application

**Please list community organizations to which you belong:**

Refer to attached application

**Please describe your ethnic origin:**

**NOTE:** Candidates for the Assessment Appeals Board, County Hearing Officer, Eye Gnat Abatement

Appeals Board, Fly Abatement and Appeals Board and/or Planning Commission, are required to submit evidence of their qualifications and a Statement of Incompatible Activities Related to County Duties (Form 519) that can be found on the Clerk of the Board's website at: [www.sandiegocounty.gov/content/sdc/cob/forms.html](http://www.sandiegocounty.gov/content/sdc/cob/forms.html). Candidates may be asked to provide additional information.

Membership qualifications for all County Boards, Commissions and Committees may be accessed through the Clerk of the Board's website at [www.sandiegocounty.gov/cob/bcac/](http://www.sandiegocounty.gov/cob/bcac/) or by calling (619) 531-5600. This Application will be considered complete when such requirements are provided by the applicant.

By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.

Lisa Adams

11/19/2024

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*



# CONTACT INFORMATION

*Note: Personal information may be withheld from public view as allowed by law.*

Adams	Lisa
<hr/> <i>Last Name</i>	<hr/> <i>First Name</i>
Valley Center Community Planning Group	District 5
<hr/> <i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<hr/> <i>Supervisorial District You Live In</i>

<hr/> <i>Home Street Address</i>	<hr/> <i>City</i>	<hr/> <i>State</i>	<hr/> <i>Zip</i>
<hr/> <i>Mailing Address (if different than home address)</i>	<hr/> <i>City</i>	<hr/> <i>State</i>	<hr/> <i>Zip</i>
<hr/> <i>Business Street Address</i>	<hr/> <i>City</i>	<hr/> <i>State</i>	<hr/> <i>Zip</i>
<hr/> <i>Home Phone #</i>	<hr/> <i>Business Phone #</i>		
<hr/> <i>Mobile Phone #</i>	<hr/> <i>Business Phone #</i>		
<hr/> <i>E-Mail Address</i>			



County of San Diego, Planning & Development Services

APPLICATION FOR APPOINTMENT TO A PLANNING OR SPONSOR GROUP VACANCY

For Non-Election Appointments Only - Not to be used for Regular Planning Group Elections

The undersigned agrees to comply with all Board of Supervisors policies pertaining to Community Planning or Sponsor Groups and understands that group members are subject to the open meeting requirements of the Ralph M. Brown Act.

By signing below, I declare that the information provided is accurate and complete to the best of my knowledge.

If applying for a Planning Group: I declare that I am a registered voter living within the Planning Group's boundaries.

If applying for a Sponsor Group: I declare that I am a registered voter and currently own property in or reside within the Sponsor Group's boundaries.

If appointed, I will file a Form 700, Statement of Economic Interest, in a timely manner as instructed in the appointment letter.

Signature: Lisa Adams Date: 11/15/2024

Print Name on Voter's Registration Form: Lisa Houlf Adams First Name Last Name

Community Planning/Sponsor Group Chair or Designated Representative Endorsement:

Group Chair:

As the current Chair of the Valley Center Community Planning/Sponsor Group, I confirm that I have reviewed this application for completeness, and it may be certified by the ROV.

Signature: Delores Chavez-Harmes Date: 11/18/2024

Print Name: Delores Chavez Harmes Date Elected Chair: 01/13/2020

Email Address: Phone:

For Internal Use Only:

Registrar of Voters Confirmation:

I certify that the applicant is a registered voter and is eligible for membership of the Valley Center Community Planning/Sponsor Group for which he/she seeks to be appointed.

Voter ID # 327253 Signed: Amber J... Deputy Registrar of Voters

ROV Date Stamp: 2024 NOV 18 P 4:35 REC'D S. D. CO. ROV





**JIM DESMOND**  
SUPERVISOR, FIFTH DISTRICT  
SAN DIEGO COUNTY BOARD OF SUPERVISORS

**AGENDA ITEM**

DATE: January 7, 2025

TO: BOARD OF SUPERVISORS

SUBJECT: Appointment to WARNER SPRINGS COMMUNITY SPONSOR GROUP,  
VARIOUS

**Recommendation:**  
**SUPERVISOR JIM DESMOND**

Re-appoint Hans Petermann to the WARNER SPRINGS COMMUNITY SPONSOR GROUP, Seat No.1 for a term to expire January 8, 2029.

Re-appoint Pamela Nelson to the WARNER SPRINGS COMMUNITY SPONSOR GROUP, Seat No.3 for a term to expire January 8, 2029.

Re-appoint Robert Garcia to the WARNER SPRINGS COMMUNITY SPONSOR GROUP, Seat No.7 for a term to expire January 8, 2029.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Jim Desmond", is written over a faint circular stamp.

JIM DESMOND  
Supervisor, Fifth District



# County of San Diego

**KIMBERLY GIARDINA**  
DEPUTY CHIEF ADMINISTRATIVE OFFICER

**HEALTH AND HUMAN SERVICES AGENCY**  
1600 PACIFIC HIGHWAY, ROOM 206, MAIL STOP P-501  
SAN DIEGO, CA 92101-2417  
(619) 515-6555 • FAX (619) 515-6556

**PATTY KAY DANON**  
CHIEF OPERATIONS OFFICER

December 3, 2024

**TO:** Andrew Potter  
Clerk of the Board of Supervisors

**FROM:** Kimberly Giardina, DSW, MSW, Deputy Chief Administrative Officer  
Health and Human Services Agency

## APPOINTMENT TO THE COMMUNITY ACTION BOARD

Please be advised that the Community Action Board (CAB) has approved the nominations of the following individuals:

Board Member	Sector	Seat	Term
Lillia Smith	Private Sector Organization	Primary Seat 15	1 <sup>st</sup>

CAB advises the San Diego County Board of Supervisors (Board) and the County of San Diego (County) Health and Human Services Agency (HHSA) on matters related to poverty, as well as programs designed to increase self-sufficiency among low-income families and individuals. In this capacity, CAB supports the County's vision of a just, sustainable, and resilient future for all as well as the *Live Well San Diego* vision of healthy, safe, and thriving communities.

This candidate will add to the range of expertise available to CAB in its advisory role to the Board and HHSA.


If you have any questions on this matter, please call Barbara Jiménez at (619) 338-2722 or email [Barbara.Jimenez@sdcounty.ca.gov](mailto:Barbara.Jimenez@sdcounty.ca.gov).

Sincerely,

KIMBERLY GIARDINA, DSW, MSW  
Deputy Chief Administrative Officer  
Health and Human Services Agency

KG/bj

## Contact Information for Community Action Board (CAB) Appointment

<p>Private Sector Primary Seat No. 15</p>	<p>Lillia Smith</p> 
---	--



COUNTY OF SAN DIEGO

APPLICATION FOR COUNTY OF SAN DIEGO BOARD, COMMISSION, OR COMMITTEE

INSTRUCTIONS: Please complete this form in its entirety. Be sure to include the full title of the Board, Commission or Committee for which you desire consideration. Note the additional requirements listed at the bottom of the second page.

(For Official Use Only)

Please note that this application is a public record subject to disclosure. This application will be maintained for a period of two years. After two years, it is necessary to file a new application for another year of eligibility.

Submit the completed application to the Clerk of the Board of Supervisors, BCC Desk, 1600 Pacific Highway, Room 402, San Diego, CA 92101-2471 or via e-mail at bcc@sdcounty.ca.gov

Form with fields for Last Name (Smith), First Name (Lillia), Name of Board (Community Action Board), and Supervisorial District (Jamul).

Section asking if applicant can schedule time accordingly, with Yes/No options and a field for time restrictions.

Section asking for principal areas of interest in County Government, with a text input field.

Table listing current County Boards, Commissions or Committees with columns for Committee Name and Date Appointed.

Section for listing past County appointments with dates served, and other past or present community or public service appointments.



# STATEMENT OF OCCUPATIONAL EXPERIENCE

**A Better Solution In Home Care & Nursing**

*Current Employer*

**CEO**

*Job Title*

**24 years**

*Length of Employment*

**Previous Employers**  
**California Home Care**

**Position Title**  
**Director of Operations**

**Length of Employment**  
**8 years**

## What experience or special knowledge can you bring to your area(s) of interest?

I have lived and worked in San Diego for over 40 years, I have made many contacts in the public and private sector, both non and for profit businesses that help the community care for seniors and provide housing, and placement

I have spoken on behalf of seniors and small business rights at both the state assembly and Senate floor

I have been a part of feeding the homeless and collecting donations for those in need.

## Please list community organizations to which you belong:

San Diego Regional home Care Council

California State Association for Health Services at Home

Small Business Administration

SCORE

**NOTE:** Candidates for the Air Pollution Control District Hearing Board, Assessment Appeals Board, County Hearing Officer, Eye Gnat Abatement Appeals Board, Fly Abatement and Appeals Board and/or Planning Commission, are required to submit evidence of their qualifications and a Statement of Incompatible Activities Related to County Duties (Form 519) that can be found on the Clerk of the Board's website at: [www.sandiegocounty.gov/content/sdc/cob/forms.html](http://www.sandiegocounty.gov/content/sdc/cob/forms.html). Candidates may be asked to provide additional information.

Membership qualifications for all County Boards, Commissions and Committees may be accessed through the Clerk of the Board's website at [www.sandiegocounty.gov/cob/bcac/](http://www.sandiegocounty.gov/cob/bcac/) or by calling (619) 531-5600. This Application will be considered complete when such requirements are provided by the applicant.

By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.




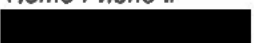

*Applicant's Signature*

*Date*

# CONTACT INFORMATION

*Note: Personal information may be withheld from public view as allowed by law.*

<b>Smith</b> <i>Last Name</i>	<b>Lillia</b> <i>First Name</i>
<b>Community Action Board</b> <i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<b>Jamul</b> <i>Supervisorial District You Live In</i>

			
<i>Home Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Mailing Address (if different than home address)</i>			
			
<i>Mailing Address (if different than home address)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Business Street Address</i>			
			
<i>Business Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Home Phone #</i>	<i>Business Phone #</i>		
			
<i>Mobile Phone #</i>	<i>Fax #</i>		
			
<i>E-Mail Address</i>			





**HOSPITAL ASSOCIATION**  
of San Diego & Imperial Counties

December 18, 2024

Paul Forney, Chair  
Lisha Wiese, Vice Chair Emergency  
Medical Care Committee San Diego  
County EMS Office  
5510 Overland Ave, Ste 250  
San Diego, CA 92123-1239

Re: Hospital Association of San Diego & Imperial Counties Seat 5 Nominations

Dear Mr. Forney and Ms. Wiese,

The Hospital Association of San Diego & Imperial Counties (HASD&IC) is pleased to nominate Ron Hudnet, Corporate Emergency Manager at Scripps Health to fill our current vacancy in Seat 5. Additionally, we would nominate Jack Leeber, Emergency Manager at UCSD to fill as the alternate for Seat 5. Both Ron and Jack bring years of experience in emergency management and hospital operations that will be of great value to the collective and collaborative work of the Emergency Medical Care Committee (EMCC). Additionally, both participate in the San Diego Healthcare Disaster Coalition's Advisory Committee and are active participants in the ASPR Hospital Preparedness Program.

HASD&IC is a non-profit organization representing 38 hospitals and integrated health systems in the two-county area. Members range from small, rural hospitals to large, urban medical centers; and represent nearly 8,500 licensed beds. Our vision is to create an optimally healthy society that serves the needs of the San Diego & Imperial County communities. We greatly appreciate the ongoing representation and participation in the EMCC to help our pre-hospital and hospital systems work together to enhance the health system delivery and patient care.

HASD&IC greatly values EMCC's leadership and ongoing commitment as an advocate for the community through the development of strategies for continuous improvement of the emergency medical services system. If you have any questions, feel free to contact me at [dalexio@hasdic.org](mailto:dalexio@hasdic.org) or 858-614-0200.

Sincerely,

A handwritten signature in black ink, appearing to read "Dimit Alexiou".

Dimitrios Alexiou, FACHE  
President & CEO  
Hospital Association of San Diego & Imperial Counties



COUNTY OF SAN DIEGO

APPLICATION FOR COUNTY OF SAN DIEGO BOARD, COMMISSION, OR COMMITTEE

INSTRUCTIONS: Please complete this form in its entirety. Be sure to include the full title of the Board, Commission or Committee for which you desire consideration. Note the additional requirements listed at the bottom of the second page.

(For Official Use Only)

Please note that this application is a public record subject to disclosure. This application will be active for a period of one year. After one year, it is necessary to file a new application for another year of eligibility.

Submit the completed application to the Clerk of the Board of Supervisors, BCC Desk, 1600 Pacific Highway, Room 402, San Diego, CA 92101-2471 or via e-mail at bcc@sdcounty.ca.gov

Form with fields for Last Name (Hudnet), First Name (Ron), Name of Board, Commission, or Committee to Which You are Applying for Membership (Emergency Medical Care Committee), District 1, and Supervisorial District You Live In.

Section asking if the applicant can schedule their time accordingly to county board meetings, with Yes/No options and a field for time restrictions.

Section asking for principal areas of interest in County Government, with the example 'Emergency Medical Care Committee'.

Section for listing current County Boards, Commissions or Committees, including a checkbox for 'Not a current member' and columns for Committee Name and Date Appointed.

Section for listing past County appointments with dates served, including a checkbox for 'Not a current member' and columns for Committee/Organization Name and Dates Served.

# STATEMENT OF OCCUPATIONAL EXPERIENCE

Scripps Health	
<hr/>	
<i>Current Employer</i>	
Corporate Emergency Manager	3 years
<i>Job Title</i>	<i>Length of Employment</i>

Previous Employers	Position Title	Length of Employment
Federal Fire Department	Battalion Chief	21 years
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

**What experience or special knowledge can you bring to your area(s) of interest?**  
I have a lifetime of experience in emergency management to include 21 years in emergency management and response.

**Please list community organizations to which you belong:**  
San Diego Disaster Coalition

**Please describe your ethnic origin:**  
WHITE (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe

**Select the gender you identify as:**  
Male

**What is your age?**  
55-64 years old

**What is your total income?**  
\$100,000 to \$149,999

**NOTE:** Candidates for the Assessment Appeals Board, County Hearing Officer, Eye Gnat Abatement Appeals Board, Fly Abatement and Appeals Board and/or Planning Commission, are required to submit evidence of their qualifications and a Statement of Incompatible

Activities Related to County Duties (Form 519) that can be found on the Clerk of the Board's website at: [www.sandiegocounty.gov/content/sdc/cob/forms.html](http://www.sandiegocounty.gov/content/sdc/cob/forms.html). Candidates may be asked to provide additional information.

Membership qualifications for all County Boards, Commissions and Committees may be accessed through the Clerk of the Board's website at [www.sandiegocounty.gov/cob/bcac/](http://www.sandiegocounty.gov/cob/bcac/) or by calling (619) 531-5600. This Application will be considered complete when such requirements are provided by the applicant.

By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.	
Ron Hudnet	12/17/2024
_____	_____
<i>Applicant's Signature</i>	<i>Date</i>

# CONTACT INFORMATION

Note: Personal information may be withheld from public view as allowed by law.

Hudnet	Ron
<hr/> <i>Last Name</i>	<hr/> <i>First Name</i>
Emergency Medical Care Committee	District 1
<hr/> <i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<hr/> <i>Supervisorial District You Live In</i>

<hr/> [REDACTED]	<hr/> [REDACTED]	<hr/> [REDACTED]	<hr/> [REDACTED]
<i>Home Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<hr/> <i>Mailing Address (if different than home address)</i>	<hr/> <i>City</i>	<hr/> <i>State</i>	<hr/> <i>Zip</i>
<hr/> [REDACTED]	<hr/> [REDACTED]	<hr/> [REDACTED]	<hr/> [REDACTED]
<i>Business Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<hr/> [REDACTED]	<hr/> [REDACTED]		
<i>Home Phone #</i>	<i>Business Phone #</i>		
<hr/> [REDACTED]			
<i>Mobile Phone #</i>	<i>Business Phone #</i>		
<hr/> [REDACTED]			
<i>E-Mail Address</i>			



# County of San Diego

**KIMBERLY GIARDINA, DSW, MSW**  
DEPUTY CHIEF ADMINISTRATIVE OFFICER

**HEALTH AND HUMAN SERVICES AGENCY**  
PUBLIC HEALTH SERVICES  
5469 KEARNY VILLA ROAD, SUITE 2000, MAIL STOP P-578  
SAN DIEGO, CA 92123  
(619) 531-5800 • FAX (619) 542-4186

**ANKITA S. KADAKIA, MD**  
INTERIM PUBLIC HEALTH OFFICER  
**ELIZABETH A. HERNANDEZ, Ph.D.**  
PUBLIC HEALTH SERVICES DIRECTOR

November 27, 2024

**TO:** Andrew Porter  
Clerk of the Board of Supervisors

**FROM:** Ankita S. Kadakia, M.D.  
Interim Public Health Officer  
Public Health Services

## **RECOMMENDED NOMINATION OF ROSEMARY GARCIA, MD FOR THE SAN DIEGO HIV PLANNING GROUP ADVISORY BOARD**

This letter serves as a recommendation to nominate Dr. Rosemary Garcia to the Local Public Health Agency – Public Health Officer or Designee Seat #23 on the San Diego HIV Planning Group. In addition to her wealth of knowledge and experience, Dr. Garcia is passionate about making a difference in the lives of people living with and impacted by HIV. She is currently serving as a Medical Consultant at the Sexual Health Clinics operated by the HIV, STD, and Hepatitis Branch of Public Health Services. She provides direct patient care, drawing on her extensive clinical training in internal medicine and infectious diseases. In addition to providing direct patient care, she serves as an expert consultant for Sexual Health Clinic and external providers and has led the implementation of HIV pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) for uninsured Sexual Health Clinic clients. Her expertise in both HIV prevention services and HIV care and treatment, coupled with her meaningful insights and compassionate perspective, will be a tremendous asset to the HIV Planning Group.

I strongly support Dr. Rosemary Garcia's appointment to the HIV Planning Group and am confident that she will make meaningful contributions to its mission. Dr. Garcia will be replacing Dr. Winston Tilghman's appointment as his term ended on October 18, 2024.

If you have any questions or would like to discuss her qualifications further, please do not hesitate to contact me.

Sincerely,

ANKITA S. KADAKIA, M.D.  
Interim Public Health Officer  
Public Health Services



COUNTY OF SAN DIEGO

APPLICATION FOR COUNTY OF SAN DIEGO BOARD, COMMISSION, OR COMMITTEE

INSTRUCTIONS: Please complete this form in its entirety. Be sure to include the full title of the Board, Commission or Committee for which you desire consideration. Note the additional requirements listed at the bottom of the second page.

(For Official Use Only)

Please note that this application is a public record subject to disclosure. This application will be active for a period of one year. After one year, it is necessary to file a new application for another year of eligibility.

Submit the completed application to the Clerk of the Board of Supervisors, BCC Desk, 1600 Pacific Highway, Room 402, San Diego, CA 92101-2471 or via e-mail at bcc@sdcountry.ca.gov

Form with fields for Last Name (Garcia), First Name (Rosemary), Name of Board, Commission, or Committee to Which You are Applying for Membership (HIV Planning Group, County Of San Diego), and Supervisorial District You Live In (District 1).

Section asking if the applicant can schedule their time accordingly to county board meetings, with Yes/No options and a field for time restrictions.

Section asking for principal areas of interest in County Government, with a text response area.

Section for listing current County Boards, Commissions or Committees, with fields for Committee Name and Date Appointed.

Section for listing past County appointments with dates served, and other past or present community or public service appointments, with fields for Committee/Organization Name and Dates Served.



## STATEMENT OF OCCUPATIONAL EXPERIENCE

County of San Diego Health and Human Services Agency

*Current Employer*

Medical Consultant

7.5 years (3 years in  
current position and 4.5  
years as a TEP)

*Job Title*

*Length of Employment*

Previous Employers	Position Title	Length of Employment
Southern California Permanente Medical Group (SD)	Per Diem Hospitalist	1.5 years in 2017- 2018 & 7 months in 2011-2012
Sharp Rees-Stealy Medical Group (SD)	Primary Care Clinic Physician	6 months
University of New Mexico	Infectious Diseases Fellow	2 years
Kaiser Permanente Santa Clara, California	Internal Medicine Resident/Chief Resident	4 years

### What experience or special knowledge can you bring to your area(s) of interest?

I currently work at the County of San Diego HHSA in Public Health Services, specifically the HIV, STD, and Hepatitis Branch. I provide direct patient care in the COSD Sexual Health Clinics where I use my clinical training in Internal Medicine and Infectious Diseases. In my role as a medical consultant, I assist with updating and developing clinic policy and procedures. I have experience in both HIV prevention services and HIV care and treatment services.

### Please list community organizations to which you belong:

None

**NOTE:** Candidates for the Assessment Appeals Board, County Hearing Officer, Eye Gnat Abatement

Appeals Board, Fly Abatement and Appeals Board and/or Planning Commission, are required to submit evidence of their qualifications and a Statement of Incompatible Activities Related to County Duties (Form 519) that can be found on the Clerk of the Board's website at: [www.sandiegocounty.gov/content/sdc/cob/forms.html](http://www.sandiegocounty.gov/content/sdc/cob/forms.html). Candidates may be asked to provide additional information.

Membership qualifications for all County Boards, Commissions and Committees may be accessed through the Clerk of the Board's website at [www.sandiegocounty.gov/cob/bcac/](http://www.sandiegocounty.gov/cob/bcac/) or by calling (619) 531-5600. This Application will be considered complete when such requirements are provided by the applicant.

By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.



Rosemary Garcia

8/29/2024

*Applicant's Signature*

*Date*

# CONTACT INFORMATION

*Note: Personal information may be withheld from public view as allowed by law.*

Garcia	Rosemary
<i>Last Name</i>	<i>First Name</i>
HIV Planning Group, County Of San Diego	<i>District 1</i>
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<i>Supervisorial District You Live In</i>

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<i>Home Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<i>Mailing Address (if different than home address)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Business Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Home Phone #</i>	<i>Business Phone #</i>		
[REDACTED]			
<i>Mobile Phone #</i>	<i>Business Phone #</i>		
[REDACTED]			
<i>E-Mail Address</i>			



# County of San Diego

COST CLERK OF THE BOARD  
2024 DEC 17 PM 12:05

**KIMBERLY GIARDINA, DSW, MSW**  
DEPUTY CHIEF ADMINISTRATIVE OFFICER

**HEALTH AND HUMAN SERVICES AGENCY**  
1600 PACIFIC HIGHWAY, ROOM 206, MAIL STOP P-501  
SAN DIEGO, CA 92101-2417  
(619) 515-6555 • FAX (619) 515-6556

**PATTY KAY DANON**  
CHIEF OPERATIONS OFFICER

December 2, 2024

**TO:** Andrew Potter  
Clerk of the Board of Supervisors

**FROM:** Kimberly Giardina, DSW, MSW, Deputy Chief Administrative Officer  
Health and Human Services Agency

## APPOINTMENT TO HIV PLANNING GROUP

1. **Action Required:** Recommend the following individual for appointment to the HIV Planning Group (HPG) by the San Diego County Board of Supervisors (Board):
  - a. Juan Conant as Non-Elected Community Leader (Seat #25), for a first four-year term.
2. **Background:** The Ryan White HIV/AIDS Treatment Extension Act of 2009 requires the County to establish and maintain the HPG to oversee prioritization of services and allocation of funding to service categories. Juan Conant has been recommended for appointment by the HPG.
3. **Reason for Requested Action and Impact:**
  - a. The recommended candidate must be appointed by the Board in accordance with the HPG Bylaws.
  - b. This appointment will ensure that the County of San Diego meets federal legislative requirements.
  - c. This effort aligns with the *Engagement* goal of the Strategic Initiative to inspire civic engagement that increase access for individuals and communities to use their voice, their vote, and their experience to impact change.

Thank you for your assistance. Please contact Dasha Dahdouh, Community Health Program Specialist, on behalf of the HPG at [Dasha.Dahdouh@sdcounty.ca.gov](mailto:Dasha.Dahdouh@sdcounty.ca.gov) if you have any questions regarding this action.

Sincerely,

KIMBERLY GIARDINA, DSW, MSW  
Deputy Chief Administrative Officer  
Health and Human Services Agency



# County of San Diego

**KIMBERLY GIARDINA, DSW, MSW**  
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**ANKITA S. KADAKIA, MD**  
INTERIM PUBLIC HEALTH OFFICER  
**ELIZABETH A. HERNANDEZ, Ph.D.**  
PUBLIC HEALTH SERVICES DIRECTOR

## **SAN DIEGO HIV PLANNING GROUP MEMBERSHIP COMMITTEE ACTION ITEM INFORMATION SHEET**

### **RECOMMENDATION FOR APPOINTMENT TO THE HIV PLANNING GROUP**

**DATE:** September 25, 2024

**ITEM:** Consider and vote to recommend an appointment to the HIV Planning Group (HPG).

**BACKGROUND:** On September 11, 2024, the Membership Committee recommended Juan Conant for HPG membership.

#### **RECOMMENDATION:**

**Action Item (Membership Committee):** Approve Juan Conant to the HPG Seat #25 – Non-Elected Community Leader

This comes to the HPG as a seconded motion and is open for discussion.

#### **Biographical information:** Juan Conant

Juan Conant is a passionate advocate with over 15 years of experience in HIV work and is ready to actively participate in the HIV Planning Group (HPG) planning process. Juan is interested in representing the HPG as a Non-Elected Community Leader. Juan started his career at San Ysidro Health as a medical assistant for the HIV clinic, where he was later promoted to the infectious disease department and worked as the HIV Adherence Counselor. Juan also has experience as a Research Assistant for Behavioral Health and Medication Adherence on People Living with HIV (PLWHIV) and HIV Clinical Lead, where he started programs such as PrEP, Rapid ARV Initiation, Gender Affirming Medicine, Hepatitis C Treatment as well as the Tuberculosis Clinic. Juan now works for the AIDS Healthcare Foundation, where he helps navigate the PLWHIV nationwide and promotes sexual health around San Diego and Tijuana. In addition to his professional background, Juan actively organizes fundraising events and volunteers in Tijuana and San Diego, including coordinating medical professionals to provide services across the border. He has played a key role in various local initiatives supporting underserved communities' health and well-being. He profoundly connects to the Latinx community in different parts of San Diego and is eager to represent their unique perspectives and needs to the HPG. He has been involved in HIV services, including testing, case management, and housing services. Juan regularly participates in HPG meetings, his knowledge of the HPG's decision-making processes is extensive, and he is well-versed in the voting processes, service categories, and HPG policies. Juan is excited about bringing his experience and community focus to the HPG to advocate for HIV services.



COUNTY OF SAN DIEGO

APPLICATION FOR COUNTY OF SAN DIEGO BOARD, COMMISSION, OR COMMITTEE

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Submit the completed application to the Clerk of the Board of Supervisors, BCC Desk, 1600 Pacific Highway, Room 402, San Diego, CA 92101-2471 or via e-mail at bcc@sdcounty.ca.gov

Form with fields for Last Name (Conant), First Name (Juan), Name of Board (HIV Planning Group, County Of San Diego), and District (District 1).

Form asking if applicant can schedule time accordingly, with Yes/No options and a field for time restrictions.

Form asking for principal areas of interest in County Government, with a field for the answer.

Form asking to list all County Boards, Commissions or Committees of which applicant is a current member, with a table for Committee Name and Date Appointed.

Form asking to list past County appointments with dates served, and other past or present community or public service appointments, with a table for Committee/Organization Name and Dates Served.

# STATEMENT OF OCCUPATIONAL EXPERIENCE

<hr/> <i>Current Employer</i>		
<hr/> <i>Job Title</i>	<hr/>	<hr/> <i>Length of Employment</i>

<b>Previous Employers</b>	<b>Position Title</b>	<b>Length of Employment</b>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

**What experience or special knowledge can you bring to your area(s) of interest?**  

---

*Refer to attached application*

**Please list community organizations to which you belong:**  

---

*Refer to attached application*

**Please describe your ethnic origin:**  
*HISPANIC/LATINO: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.*  

---

**Select the gender you identify as:**  

---

*Male*

**What is your age?**  

---

*25-34 years old*

**What is your total income?**  

---

*Decline to state*

**NOTE:** Candidates for the Assessment Appeals Board, County Hearing Officer, Eye Gnat Abatement Appeals Board, Fly Abatement and Appeals Board and/or Planning Commission, are required to submit evidence of their qualifications and a Statement of Incompatible Activities Related to County Duties (Form 519) that can be found on the Clerk of the

Board's website at: [www.sandiegocounty.gov/content/sdc/cob/forms.html](http://www.sandiegocounty.gov/content/sdc/cob/forms.html). Candidates may be asked to provide additional information.

Membership qualifications for all County Boards, Commissions and Committees may be accessed through the Clerk of the Board's website at [www.sandiegocounty.gov/cob/bcac/](http://www.sandiegocounty.gov/cob/bcac/) or by calling (619) 531-5600. This Application will be considered complete when such requirements are provided by the applicant.

By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.	
Juan Conant	12/24/2024
_____	_____
<i>Applicant's Signature</i>	<i>Date</i>



## CONTACT INFORMATION

*Note: Personal information may be withheld from public view as allowed by law.*

Conant	Juan
<hr/> <i>Last Name</i>	<hr/> <i>First Name</i>
HIV Planning Group, County Of San Diego	<i>District 1</i>
<hr/> <i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<hr/> <i>Supervisorial District You Live In</i>

<hr/> <i>Home Street Address</i>	<hr/> <i>City</i>	<hr/> <i>State</i>	<hr/> <i>Zip</i>
<hr/> <i>Mailing Address (if different than home address)</i>	<hr/> <i>City</i>	<hr/> <i>State</i>	<hr/> <i>Zip</i>
<hr/> <i>Business Street Address</i>	<hr/> <i>City</i>	<hr/> <i>State</i>	<hr/> <i>Zip</i>
<hr/> <i>Home Phone #</i>	<hr/> <i>Business Phone #</i>		
<hr/> <i>Mobile Phone #</i>	<hr/> <i>Business Phone #</i>		
<hr/> <i>E-Mail Address</i>			





# San Diego County HIV Planning Group (HPG) MEMBERSHIP APPLICATION

The mission of the HIV Planning Group is to plan for the delivery of HIV services to reduce the impact of HIV. To help us process your membership application to the HIV Planning Group, please provide all the information requested. You may enter N/A (not applicable) where appropriate. **Please type or print clearly.** If there is any part of the application you do not understand, please contact the HIV Planning Group Support Staff of the HIV, STD, and Hepatitis Branch (HSHB) of Public Health Services at [HPG.HHSA@sdcounty.ca.gov](mailto:HPG.HHSA@sdcounty.ca.gov).

## Section 1: Contact Information

Name: **Juan Conant**

Home Address: [REDACTED]

[REDACTED]

Home Phone Number: [REDACTED]

Current Employer (if applicable): [REDACTED]

Work Address: [REDACTED]

[REDACTED]

Work Phone Number: [REDACTED]      Cell Phone Number: [REDACTED]      Accept Text Messages?  Yes  No

Personal Email: [REDACTED]

Fax Number (if available): [REDACTED]

Work Email: [REDACTED]

Please be aware that the HIV Planning Group is a public body. You will receive emails and phone calls from HSHB and members of the HIV Planning Group. How do you prefer to receive communication?

I prefer to receive phone calls and messages at:       Personal Cell       Work Cell

I prefer to receive emails at:       Personal Email       Work Email

Section 2: Personal Information

The composition of the HIV Planning Group is required to (1) reflect the demographics of the HIV/AIDS epidemic in San Diego County, (2) include representation from a range of federally mandated categories, and 3) include representation from impacted communities. The gender, race/ethnicity, and HIV status categories on this form are required by our federal funding sources to monitor and measure reflectiveness and representation on the HIV Planning Group. By providing information for the following sections A - H, you will help ensure the HIV Planning Group reflects parity, inclusion, and representation (PIR) of those impacted by HIV/AIDS in San Diego County.

<p><b>A. I am:</b></p> <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Male</td> <td><input type="checkbox"/> Female</td> <td><input type="checkbox"/> Non-Binary</td> <td><input type="checkbox"/> Decline to answer</td> </tr> <tr> <td><input type="checkbox"/> Transman</td> <td><input type="checkbox"/> Transwoman</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Decline to answer	<input type="checkbox"/> Transman	<input type="checkbox"/> Transwoman	<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Decline to answer					
<input type="checkbox"/> Transman	<input type="checkbox"/> Transwoman	<input type="checkbox"/> Other						
<p><b>B. Please describe your ethnic origin. (Please check ONLY ONE, the most prominent):</b></p> <p><input type="radio"/> <b>AMERICAN INDIAN/ALASKA NATIVE:</b> All persons having origins in any of the original peoples of North and South America (including Central America) and who maintain cultural affiliation or community recognition.</p> <p><input type="radio"/> <b>ASIAN:</b> All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p> <p><input type="radio"/> <b>BLACK/AFRICAN AMERICAN:</b> All persons having origins in any of the original Black racial groups of Africa.</p> <p><input checked="" type="radio"/> <b>HISPANIC/LATINO:</b> All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.</p> <p><input type="radio"/> <b>NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER:</b> All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><input type="radio"/> <b>WHITE (not of Hispanic Origin):</b> All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p>								
<p><b>C. What is your age:</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> 18-24 years old</td> <td><input checked="" type="checkbox"/> 25-34 years old</td> <td><input type="checkbox"/> 35-44 years old</td> <td><input type="checkbox"/> 45-54 years old</td> </tr> <tr> <td><input type="checkbox"/> 55-64 years old</td> <td><input type="checkbox"/> 65-74 years old</td> <td><input type="checkbox"/> 75 years or older</td> <td><input type="checkbox"/> Decline to state</td> </tr> </table>	<input type="checkbox"/> 18-24 years old	<input checked="" type="checkbox"/> 25-34 years old	<input type="checkbox"/> 35-44 years old	<input type="checkbox"/> 45-54 years old	<input type="checkbox"/> 55-64 years old	<input type="checkbox"/> 65-74 years old	<input type="checkbox"/> 75 years or older	<input type="checkbox"/> Decline to state
<input type="checkbox"/> 18-24 years old	<input checked="" type="checkbox"/> 25-34 years old	<input type="checkbox"/> 35-44 years old	<input type="checkbox"/> 45-54 years old					
<input type="checkbox"/> 55-64 years old	<input type="checkbox"/> 65-74 years old	<input type="checkbox"/> 75 years or older	<input type="checkbox"/> Decline to state					
<p><b>D. I understand the process and procedures of the HIV Planning Group:</b> <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>E. Number of HIV Planning Group meetings attended in the last 6 months:</b> <u>0</u></p> <p><b>F. Number of committee meetings attended in the last 6 months:</b> <u>0</u></p> <p><i>(It is suggested that you attend at least two (2) meetings prior to becoming a member: one (1) committee meeting and one (1) HIV Planning Group meeting.)</i></p>								
<p><b>G. I am currently a member of the following community liaison and/or affiliated groups and/or have the following relevant experience:</b></p> <p><small>15 years of experience working in HIV for San Ysidro Health, CASA, collaborated with UCSD &amp; UCSD for a couple of HIV related research studies. Volunteer at a few ASOs in Tijuana, currently navigating people living with HIV all around the Country.</small></p>								
<p><b>H. I understand that it's a requirement to participate in at least one of the committees listed below.</b></p> <p><input checked="" type="checkbox"/> <b>Strategies and Standards Committee</b> – 1<sup>st</sup> Tuesday of every other month</p> <p><input checked="" type="checkbox"/> <b>Steering Committee</b> – Every 3<sup>rd</sup> Tuesday of the month</p> <p><input checked="" type="checkbox"/> <b>Membership Committee</b> – Every 2<sup>nd</sup> Wednesday of the month</p> <p><input checked="" type="checkbox"/> <b>Priority Setting &amp; Resources Allocation Committee</b> – 2<sup>nd</sup> Thursday of every other month</p> <p><input checked="" type="checkbox"/> <b>Community Engagement Group</b> – Every 3<sup>rd</sup> Wednesday of the month</p> <p><input checked="" type="checkbox"/> <b>Medical Standards &amp; Evaluation Committee</b> – 2<sup>nd</sup> Tuesday (4 times a year)</p>								

**I. I qualify to serve as an HIV Planning Group member in one of the following seats (Please check all that apply):**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> General member   | <input type="checkbox"/> Board of Supervisors designee: Districts 1 - 5   |
| <input type="checkbox"/> Health care providers, including Federally Qualified Health Centers (FQHC)  | <input type="checkbox"/> Community-based organization serving affected populations and AIDS service organization  |
| <input type="checkbox"/> Recipient of other federal HIV programs – prevention provider   | <input type="checkbox"/> Recipient of other federal HIV programs – Part F, AIDS Education and Training Center and/or Ryan White dental provider   |
| <input type="checkbox"/> Social service provider, including providers of housing and homeless services   | <input type="checkbox"/> Local public health agency: HHS director or designee   |
| <input type="checkbox"/> Recipient of other federal HIV programs – Veterans Administration   | <input type="checkbox"/> Local public health agency – PH officer or designee  |
| <input type="checkbox"/> Substance use treatment provider  | <input type="checkbox"/> Recipient of other federal HIV programs – HOPWA/HUD*   |
| <input type="checkbox"/> Mental health provider  | <input checked="" type="checkbox"/> Non-elected community leader  |
| <input type="checkbox"/> Prevention services consumer/advocate   | <input type="checkbox"/> HIV testing representative   |
| <input type="checkbox"/> Representative of individuals who formerly were federal, state, or local prisoners, were released from custody of the penal system during the preceding 3 years, and had HIV/AIDS as of the date of release | <input type="checkbox"/> Prevention services consumer   |
| <input type="checkbox"/> Prevention intervention representative  | <input type="checkbox"/> Affected communities include people with HIV/AIDS, members of a federally recognized Indian tribe as represented in the population, individuals co-infected with Hepatitis B or C, and historically underserved groups and/or subpopulations |
| <input type="checkbox"/> Recipient of Ryan White Part C  | <input type="checkbox"/> Hospital planning agency or health care planning agency  |
| <input type="checkbox"/> State government – State Medicaid   | <input type="checkbox"/> Recipient of Ryan White Part D   |
|  | <input type="checkbox"/> State Government – CDPH Office of AIDS (OA) Part B   |

*\*Housing Opportunities for Persons with AIDS (HOPWA) / Housing and Urban Development (HUD)*

---

**Please list any agency affiliations (work and or board membership):**

- San Ysidro Health
- Aids Healthcare Foundation
-

Please respond briefly to the questions below. If you need more space than provided, please attach a separate sheet of paper.

**1. Why are you interested in becoming an HIV Planning Group member?**

I see it as the next step after being for my latine community living with HIV around South, North, East County and Tijuana.

**2. Is there anything else you would like to share with us?**

I admire all the current member that I know and I'd like to continue learning from them as well as being part of taking desitions that will affect my community.

**3. Were you referred by someone? If so, list the name of the individual (optional):**

Karla Quezada Torres & Rhea Van Brocklin

**4. Do you require support or accommodations? (Transportation, childcare, etc.)**

No, I don't require support or accomodations

**Section 4: Signature and Date**

I agree that the information provided in this application (including attachments) is true and correct to the best of my knowledge.

Signature: Juan Conant Date: 8/1/2024

If any information on your application changes or you wish to withdraw your application from consideration by the HIV Planning Group Membership Committee, please contact the HIV, STD & Hepatitis Branch as soon as possible. Please note that membership interviews will be conducted as needed. If you have any other questions or comments, contact HPG Support Staff at [HPG.HHSA@sdcounty.ca.gov](mailto:HPG.HHSA@sdcounty.ca.gov).

**SUBMIT FORM**

**COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY  
HIV, STD, and Hepatitis Branch  
ATTN: HIV PLANNING GROUP SUPPORT  
690 Oxford Street, Suite #301, Mail Stop: P-505  
Chula Vista, CA 91911**



# County of San Diego

**KIMBERLY GIARDINA, DSW, MSW**  
DEPUTY CHIEF ADMINISTRATIVE OFFICER

**HEALTH AND HUMAN SERVICES AGENCY**  
1600 PACIFIC HIGHWAY, ROOM 206, MAIL STOP P-501  
SAN DIEGO, CA 92101-2417  
(619) 515-6555 • FAX (619) 515-6556

**PATTY KAY DANON**  
CHIEF OPERATIONS OFFICER

December 2, 2024

**TO:** Andrew Potter  
Clerk of the Board of Supervisors

**FROM:** Kimberly Giardina, DSW, MSW, Deputy Chief Administrative Officer  
Health and Human Services Agency

## **APPOINTMENT TO HIV PLANNING GROUP**

1. **Action Required:** Recommend the following individual for appointment to the HIV Planning Group (HPG) by the San Diego County Board of Supervisors (Board):
  - a. Hector Garcia as HIV Testing Representative (Seat #42), for a first four-year term.
2. **Background:** The Ryan White HIV/AIDS Treatment Extension Act of 2009 requires the County to establish and maintain the HPG to oversee prioritization of services and allocation of funding to service categories. Hector Garcia has been recommended for appointment by the HPG.
3. **Reason for Requested Action and Impact:**
  - a. The recommended candidate must be appointed by the Board in accordance with the HPG Bylaws.
  - b. This appointment will ensure that the County of San Diego meets federal legislative requirements.
  - c. This effort aligns with the *Engagement* goal of the Strategic Initiative to inspire civic engagement that increase access for individuals and communities to use their voice, their vote, and their experience to impact change.

Thank you for your assistance. Please contact Dasha Dahdouh, Community Health Program Specialist, on behalf of the HPG at [Dasha.Dahdouh@sdcounty.ca.gov](mailto:Dasha.Dahdouh@sdcounty.ca.gov) if you have any questions regarding this action.

Sincerely,

KIMBERLY GIARDINA, DSW, MSW  
Deputy Chief Administrative Officer  
Health and Human Services Agency





# County of San Diego

**KIMBERLY GIARDINA, DSW, MSW**  
DEPUTY CHIEF ADMINISTRATIVE DIRECTOR

**HEALTH AND HUMAN SERVICES AGENCY**  
PUBLIC HEALTH SERVICES  
5469 KEARNY VILLA ROAD, SUITE 2000, MAIL STOP P-578  
SAN DIEGO, CA 92123  
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**ANKITA S. KADAKIA, MD**  
INTERIM PUBLIC HEALTH OFFICER  
**ELIZABETH A. HERNANDEZ, Ph.D.**  
PUBLIC HEALTH SERVICES DIRECTOR

## **SAN DIEGO HIV PLANNING GROUP MEMBERSHIP COMMITTEE ACTION ITEM INFORMATION SHEET**

### **RECOMMENDATION FOR APPOINTMENT TO THE HIV PLANNING GROUP**

**DATE:** July 24, 2024

**ITEM:** Consider and vote to recommend an appointment to the HIV Planning Group (HPG).

**BACKGROUND:** On July 10, 2024, the Membership Committee recommended Hector Garcia to HPG membership.

#### **RECOMMENDATION:**

**Action Item (Membership Committee):** Approve Hector Garcia to the HPG Seat #42 – HIV Testing Representative.

This comes to the HPG as a seconded motion and is open for discussion.

#### **Biographical information:** Hector Garcia

Hector Garcia has worked as a Peer Navigator in San Ysidro Health since 2021 and has been actively involved in the HIV community since 2012. He participated for five years in the Strength for the Journey retreat. Additionally, he is part of two support groups in the LGBTQ+ Center in San Diego and was formerly part of two support groups in North County of San Diego, at Vista Community Clinic and at the LGBTQ+ Center in Oceanside. Hector avidly advocates for all clients as he feels everyone has the right to be treated as a human being, regardless of sexuality, race, religion, or economic position. Helping people is Hector's passion, and he feels this is his calling.



# San Diego County HIV Planning Group (HPG)

MEMBERSHIP APPLICATION

The mission of the HIV Planning Group is to plan for the delivery of HIV services to reduce the impact of HIV. To help us process your membership application to the HIV Planning Group, please provide all the information requested. You may enter N/A (not applicable) where appropriate. **Please type or print clearly.** If there is any part of the application you do not understand, please contact the HIV Planning Group Support Staff of the HIV, STD, and Hepatitis Branch (HSHB) of Public Health Services at [HPG.HHSA@sdcounty.ca.gov](mailto:HPG.HHSA@sdcounty.ca.gov).

## Section 1: Contact Information

Name: **Hector Garcia**

Home Address: [Redacted]

[Redacted]

Current Employer (if applicable): **San Ysidro Health**

Work Address: [Redacted]

Cell Phone: [Redacted]

[Redacted]

Accept Text Messages?  
 Yes  No

Personal Email: [Redacted]

Fax Number (if available):

Work Email: [Redacted]

Please be aware that the HIV Planning Group is a public body. You will receive emails and phone calls from HSHB and members of the HIV Planning Group. How do you prefer to receive communication?

I prefer to receive phone calls and messages at:  Personal Cell  Work Cell

I prefer to receive emails at:  Personal Email  Work Email



**Section 2: Personal Information**

The composition of the HIV Planning Group is required to (1) reflect the demographics of the HIV/AIDS epidemic in San Diego County, (2) include representation from a range of federally mandated categories, and 3) include representation from impacted communities. The gender, race/ethnicity, and HIV status categories on this form are required by our federal funding sources to monitor and measure reflectiveness and representation on the HIV Planning Group. By providing information for the following sections A - H, you will help ensure the HIV Planning Group reflects parity, inclusion, and representation (PIR) of those impacted by HIV/AIDS in San Diego County.

<p><b>A. I am:</b></p> <table style="width:100%; border:none;"> <tr> <td><input checked="" type="checkbox"/> Male</td> <td><input type="checkbox"/> Female</td> <td><input type="checkbox"/> Non-Binary</td> <td><input type="checkbox"/> Decline to answer</td> </tr> <tr> <td><input type="checkbox"/> Transman</td> <td><input type="checkbox"/> Transwoman</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Decline to answer	<input type="checkbox"/> Transman	<input type="checkbox"/> Transwoman	<input type="checkbox"/> Other	
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<input type="checkbox"/> Transman	<input type="checkbox"/> Transwoman	<input type="checkbox"/> Other						
<p><b>B. Please describe your ethnic origin. (Please check ONLY ONE, the most prominent):</b></p> <p><input type="radio"/> <b>AMERICAN INDIAN/ALASKA NATIVE:</b> All persons having origins in any of the original peoples of North and South America (including Central America) and who maintain cultural affiliation or community recognition.</p> <p><input type="radio"/> <b>ASIAN:</b> All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p> <p><input type="radio"/> <b>BLACK/AFRICAN AMERICAN:</b> All persons having origins in any of the original Black racial groups of Africa.</p> <p><input checked="" type="radio"/> <b>HISPANIC/LATINO:</b> All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.</p> <p><input type="radio"/> <b>NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER:</b> All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><input type="radio"/> <b>WHITE (not of Hispanic Origin):</b> All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p>								
<p><b>C. What is your age:</b></p> <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> 18-24 years old</td> <td><input type="checkbox"/> 25-34 years old</td> <td><input checked="" type="checkbox"/> 35-44 years old</td> <td><input type="checkbox"/> 45-54 years old</td> </tr> <tr> <td><input type="checkbox"/> 55-64 years old</td> <td><input type="checkbox"/> 65-74 years old</td> <td><input type="checkbox"/> 75 years or older</td> <td><input type="checkbox"/> Decline to state</td> </tr> </table>	<input type="checkbox"/> 18-24 years old	<input type="checkbox"/> 25-34 years old	<input checked="" type="checkbox"/> 35-44 years old	<input type="checkbox"/> 45-54 years old	<input type="checkbox"/> 55-64 years old	<input type="checkbox"/> 65-74 years old	<input type="checkbox"/> 75 years or older	<input type="checkbox"/> Decline to state
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<p><b>D. I understand the process and procedures of the HIV Planning Group:</b> <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>E. Number of HIV Planning Group meetings attended in the last 6 months:</b> <u>1</u></p> <p><b>F. Number of committee meetings attended in the last 6 months:</b> <u>1</u></p> <p><i>(It is suggested that you attend at least two (2) meetings prior to becoming a member: one (1) committee meeting and one (1) HIV Planning Group meeting.)</i></p>								
<p><b>G. I am currently a member of the following community liaison and/or affiliated groups and/or have the following relevant experience:</b></p> <p style="padding-left: 20px;"><b>LGBTQ+ Latin support Group, YAA support group, Strength for Journey Retreat</b></p>								
<p><b>H. I understand that it's a requirement to participate in at least one of the committees listed below.</b></p> <table style="width:100%; border:none;"> <tr><td><input type="checkbox"/> <b>Strategies and Standards Committee</b> – 1<sup>st</sup> Tuesday of every other month</td></tr> <tr><td><input type="checkbox"/> <b>Steering Committee</b> – Every 3<sup>rd</sup> Tuesday of the month</td></tr> <tr><td><input checked="" type="checkbox"/> <b>Membership Committee</b> – Every 2<sup>nd</sup> Wednesday of the month</td></tr> <tr><td><input checked="" type="checkbox"/> <b>Priority Setting &amp; Resources Allocation Committee</b> – 2<sup>nd</sup> Thursday of every other month</td></tr> <tr><td><input checked="" type="checkbox"/> <b>Community Engagement Group</b> – Every 3<sup>rd</sup> Wednesday of the month</td></tr> <tr><td><input type="checkbox"/> <b>Medical Standards &amp; Evaluation Committee</b> – 2<sup>nd</sup> Tuesday (4 times a year)</td></tr> </table>	<input type="checkbox"/> <b>Strategies and Standards Committee</b> – 1 <sup>st</sup> Tuesday of every other month	<input type="checkbox"/> <b>Steering Committee</b> – Every 3 <sup>rd</sup> Tuesday of the month	<input checked="" type="checkbox"/> <b>Membership Committee</b> – Every 2 <sup>nd</sup> Wednesday of the month	<input checked="" type="checkbox"/> <b>Priority Setting &amp; Resources Allocation Committee</b> – 2 <sup>nd</sup> Thursday of every other month	<input checked="" type="checkbox"/> <b>Community Engagement Group</b> – Every 3 <sup>rd</sup> Wednesday of the month	<input type="checkbox"/> <b>Medical Standards &amp; Evaluation Committee</b> – 2 <sup>nd</sup> Tuesday (4 times a year)		
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**I. I qualify to serve as an HIV Planning Group member in one of the following seats (Please check all that apply):**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> General member   | <input type="checkbox"/> Board of Supervisors designee: Districts 1 - 5   |
| <input type="checkbox"/> Health care providers, including Federally Qualified Health Centers (FQHC)  | <input type="checkbox"/> Community-based organization serving affected populations and AIDS service organization  |
| <input type="checkbox"/> Recipient of other federal HIV programs – prevention provider   | <input type="checkbox"/> Recipient of other federal HIV programs – Part F, AIDS Education and Training Center and/or Ryan White dental provider   |
| <input checked="" type="checkbox"/> Social service provider, including providers of housing and homeless services  | <input type="checkbox"/> Local public health agency: HHSA director or designee  |
| <input type="checkbox"/> Recipient of other federal HIV programs – Veterans Administration   | <input type="checkbox"/> Local public health agency – PH officer or designee  |
| <input type="checkbox"/> Substance use treatment provider  | <input type="checkbox"/> Recipient of other federal HIV programs – HOPWA/HUD*   |
| <input type="checkbox"/> Mental health provider  | <input type="checkbox"/> Non-elected community leader   |
| <input type="checkbox"/> Prevention services consumer/advocate   | <input type="checkbox"/> HIV testing representative   |
| <input type="checkbox"/> Representative of individuals who formerly were federal, state, or local prisoners, were released from custody of the penal system during the preceding 3 years, and had HIV/AIDS as of the date of release | <input type="checkbox"/> Prevention services consumer   |
| <input type="checkbox"/> Prevention intervention representative  | <input type="checkbox"/> Affected communities include people with HIV/AIDS, members of a federally recognized Indian tribe as represented in the population, individuals co-infected with Hepatitis B or C, and historically underserved groups and/or subpopulations |
| <input type="checkbox"/> Recipient of Ryan White Part C  | <input type="checkbox"/> Hospital planning agency or health care planning agency  |
| <input type="checkbox"/> State government – State Medicaid   | <input type="checkbox"/> Recipient of Ryan White Part D   |
|  | <input type="checkbox"/> State Government – CDPH Office of AIDS (OA) Part B   |

*\*Housing Opportunities for Persons with AIDS (HOPWA) / Housing and Urban Development (HUD)*

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**Please list any agency affiliations (work and or board membership):**

- CASA (SYHC)
- 
-

Please respond briefly to the questions below. If you need more space than provided, please attach a separate sheet of paper.

**1. Why are you interested in becoming an HIV Planning Group member?**

I would like to be a part of the HPG because I want to be able to advocate for myself and my clients in a bigger scale. Being a part of the community I'm able to see how much need there are in the community

**2. Is there anything else you would like to share with us?**

I would be so happy to be a part of the HPG and have a voice to advocate and apply the knowledge for me and my clients.

**3. Were you referred by someone? If so, list the name of the individual (optional):**

Rhea Van Brocklin

**4. Do you require support or accommodations? (Transportation, childcare, etc.)**

No that I can think of right now, I do have stroke but I'm able to do most of the task.

**Section 4: Signature and Date**

I agree that the information provided in this application (including attachments) is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_  \_\_\_\_\_

Date: 5/29/2024 \_\_\_\_\_

If any information on your application changes or you wish to withdraw your application from consideration by the HIV Planning Group Membership Committee, please contact the HIV, STD & Hepatitis Branch as soon as possible. Please note that membership interviews will be conducted as needed. If you have any other questions or comments, contact HPG Support Staff at [HPG.HHSA@sdcounty.ca.gov](mailto:HPG.HHSA@sdcounty.ca.gov).

**SUBMIT FORM**

**COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY  
HIV, STD, and Hepatitis Branch  
ATTN: HIV PLANNING GROUP SUPPORT  
690 Oxford Street, Suite #301, Mail Stop: P-505  
Chula Vista, CA 91911**



# Valley Center Community Planning Group

P.O. Box 127

Valley Center, CA 92082

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Seat 1

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Delores Chavez Harmes  
Chair  
Seat 5

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Kevin Smith  
Seat 7

[sikls8@gmail.com](mailto:sikls8@gmail.com)

December 26, 2024

Hon. Jim Desmond  
San Diego County Supervisors  
1600 Pacific Highway, Room 208  
San Diego, CA 92101-2422

Dear Supervisor and Staff,  
Please be advised that the Valley Center Community Planning Group voted at their Dec. 9, 2024 meeting to appoint the following individuals to these respective seats:

- Karl Ulle to seat #2 on the Valley Center Design Review Board - replacing Kevin Smith whose term ends 12/31/2024 and representing VCCPG.

Attached are their applications with verification from the ROV. This affidavit will serve as confirmation of the unanimous vote for both candidates. Please let me know if you have any questions or need additional information.

Sincerely,

Delores Chavez Harmes  
Chair



# APPLICATION FOR APPOINTMENT TO A PLANNING OR SPONSOR GROUP VACANCY

*For Non-Election Appointments Only –  
Not to be used for Regular Planning Group Elections*

To be considered by a Community Planning or Sponsor Group for an appointment recommendation, interested candidates shall complete the following application. Once complete, the applicant shall submit the application to the group Chair. After the application is signed by the group's current Chair, the Chair will submit the application to the Registrar of Voters for certification. However, completion of the aforementioned process does not ensure that the candidate will be recommended for appointment or subsequently appointed.

Planning or Sponsor Group Name: Valley Center Design Review Board

Applicant Name: Karl F. Ule Jr.

Supervisorial District: 5

**Current Membership on Other Boards, Commissions or Committees (BCC):**

Name of BCC:

Date Appointed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Specialized Experience or Knowledge:**

Master of Architecture degree, Architect (CA, AZ, NV, NCARB) (retired), LEED AP

Licensed General Contractor (retired)

Escondido Design Review Board (retired)

**Occupational Experience:**

	Employer	Position Title	Dates of Employment
Current:	<u>Retired</u>	<u>(Principal, Senior Architect, Architect/Project Manager, Draftsman)</u>	
Past:	<u>Self-employed Architect and Building Contractor, R.W. James and Associates, Gafcon,</u>		
Past:	<u>KPA Associates</u>		

**Statement of why you feel you would be the best candidate to fill this vacancy:**

I have diverse design experience and I believe my participation may be helpful to create  
and maintain the rural aesthetic and character of Valley Center.  
\_\_\_\_\_  
\_\_\_\_\_



County of San Diego, Planning & Development Services

## APPLICATION FOR APPOINTMENT TO A PLANNING OR SPONSOR GROUP VACANCY

*For Non-Election Appointments Only –  
Not to be used for Regular Planning Group Elections*

This application is a public record and is subject to the rules of disclosure.

The following private information is for internal use only and will not be posted to the website.

Name: Karl F. Ulle Jr. Supervisorial District: 5

Residence Address:

[REDACTED]

Mailing Address (if different from above):

NA

Business Address:

NA

E-mail Address:

[REDACTED]

Telephone Numbers (include area code):

Home: [REDACTED]

Cell: [REDACTED]

Work: NA



County of San Diego, Planning & Development Services

APPLICATION FOR APPOINTMENT TO A PLANNING OR SPONSOR GROUP VACANCY

For Non-Election Appointments Only - Not to be used for Regular Planning Group Elections

The undersigned agrees to comply with all Board of Supervisors policies pertaining to Community Planning or Sponsor Groups and understands that group members are subject to the open meeting requirements of the Ralph M. Brown Act.

By signing below, I declare that the information provided is accurate and complete to the best of my knowledge.

If applying for a Planning Group: I declare that I am a registered voter living within the Planning Group's boundaries.

If applying for a Sponsor Group: I declare that I am a registered voter and currently own property in or reside within the Sponsor Group's boundaries.

If appointed, I will file a Form 700, Statement of Economic Interest, in a timely manner as instructed in the appointment letter.

Signature: Karl S. Uille Jr. Date: 11/6/2024

Print Name on Voter's Registration Form: Karl F. Uille Jr. First Name Last Name

Community Planning/Sponsor Group Chair or Designated Representative Endorsement:

Group Chair:

As the current Chair of the Valley Center Community Planning/Sponsor Group, I confirm that I have reviewed this application for completeness, and it may be certified by the ROV.

Signature: Delores Chavez Harmes Date: 11/06/2024

Print Name: Delores Chavez Harmes Date Elected Chair: Jan. 13, 2020

Email Address: Phone:

For Internal Use Only:

Registrar of Voters Confirmation:

I certify that the applicant is a registered voter and is eligible for membership of the Valley Center Area Community Planning/Sponsor Group for which he/she seeks to be appointed.

Voter ID # Signed: Deputy Registrar of Voters

ROV Date Stamp: 2024 NOV -7 PM 3:24 REC'D S.D. CO ROV

