



CHIEF ADMINISTRATIVE OFFICE

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EBONY N. SHELTON
CHIEF ADMINISTRATIVE OFFICER

CAROLINE SMITH
ASST. CHIEF ADMINISTRATIVE
OFFICER

October 29, 2025

TO: Andrew Potter
Clerk of the Board of Supervisors

FROM: Ebony N. Shelton
Chief Administrative Officer

FIRST 5 COMMISSION OF SAN DIEGO APPOINTMENT

Pursuant to San Diego County Administrative Code, Article IIIp, Section 84.101, Membership and Selection, I nominate the following candidate for appointment on the First 5 Commission of San Diego. Please place this appointment on the November 18, 2025, Board of Supervisors agenda.

- **Elizabeth Hernandez, Ph.D., Interim Deputy Chief Administrative Officer, Health and Human Services Agency, to Seat #2.**

Thank you for your attention on this matter.

Sincerely,

EBONY N. SHELTON
Chief Administrative Officer



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 (Hernandez), First Name (Elizabeth), First 5 Commission, Name of Board, Committee, or Commission to Which You are Applying for Membership, District 3, 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? NA

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

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

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

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

NA

Please list community organizations to which you belong:

NA

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:

Female

What is your age?

Decline to state

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. 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/ 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.	
Elizabeth Hernandez	11/3/2025
_____	_____
<i>Applicant's Signature</i>	<i>Date</i>

CONTACT INFORMATION

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

Hernandez	Elizabeth
<i>Last Name</i>	<i>First Name</i>
First 5 Commission	<i>District 3</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>			