



TERRA LAWSON-REMER

SUPERVISOR THIRD DISTRICT
COUNTY OF SAN DIEGO BOARD OF SUPERVISORS

AGENDA ITEM

DATE: March 24th, 2026

TO: BOARD OF SUPERVISORS

SUBJECT: Appointments

Recommendation:

Supervisor Terra Lawson-Remer

Re-appoint Rick Richardson to the First 5 Commission, Seat 3, for a term to expire March 24, 2028.

Appoint Amelia Tsering to the Commission on the Status of Women and Girls, Seat 13, to extend the current term to end on March 31, 2028.

Respectfully submitted,

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

Chair Terra Lawson-Remer, Supervisor Third District

Cipriano Vargas, Director of Organizing



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 (Tsering), First Name (Amelia), Name of Board, Commission, or Committee to Which You are Applying for Membership (Status Of Women And Girls, Commission On The), and Supervisorial District You Live In (District 2).

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 detailed text response provided by the applicant.

Section 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.

List past County appointments with dates served, and other past or present community or public service appointments.

Not a current member _

Committee/Organization Name

Dates Served

_____	_____
_____	_____
_____	_____

STATEMENT OF OCCUPATIONAL EXPERIENCE

American College of the Mediterranean

Current Employer

Marketing Coordinator

Starting this position
next week

Job Title

Length of Employment

Previous Employers	Position Title	Length of Employment
Point Loma Nazarene University	Email Marketing Specialist	1 year
US Senate, Sen. Laphonza Butler's SD Office	Legislative Intern	3 months
Point Loma Nazarene University	Teaching Assistant and Tutor, Political Science	1.5 years
US House of Representatives, Rep. Greg Casar's DC Office	Legislative Intern	3 months

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

I recently completed my B.A. in Political Science with a minor in Women’s Studies at PLNU, which gave me a strong foundation in understanding the institutional and systemic issues that disproportionately affect women. During my time in Senator Butler’s San Diego office, I conducted a research project and drafted a policy memo on improving and expanding the Family and Medical Leave Act to make it more equitable, particularly for mothers, who often face the greatest financial, physical, and emotional burdens due to inadequate leave policies. While working in the Senator’s office, I also visited the Women’s Resource Center in Oceanside and learned firsthand about their critical work supporting survivors of domestic violence and sexual assault. They provide emergency shelter, access to employment, and legal protection, all of which are vital services for women and children in crisis. Experiences like this have deepened my commitment to advocating for those most impacted by gender-based inequalities. Throughout my academic career, I’ve focused on issues affecting women both locally and globally. As a 2023 UN Millennium Fellow, I interviewed migrant women at the San Ysidro border and conducted research on the impact of Title 42, a policy with direct consequences for women and families in our border community. I also co-led a Dressember campaign to raise money for International Justice Mission, a nonprofit that addresses the root causes of human trafficking and supports survivors as they rebuild their lives. Women and girls are often the most brutalized by trafficking, and we committed to wearing dresses every day in December to raise awareness. I launched a social media campaign, tabled at a local Christmas market, and

distributed educational materials on the realities of trafficking in San Diego County. These experiences have shown me how federal and local policies intersect and shape the daily lives of women across our region. I'm deeply committed to advancing equity in our county, and I believe my background in policy research, community engagement, and advocacy uniquely equips me to be a thoughtful and effective member of this Commission.

Please list community organizations to which you belong:

- Normal Heights United Methodist Church - Point Loma Nazarene University

Please describe your ethnic origin:

ASIAN: 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.

Select the gender you identify as:

Female

What is your age?

18-24 years old

What is your total income?

\$50,000 to \$74,999

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. 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.

Amelia Tsering

5/5/2025

Applicant's Signature

Date

CONTACT INFORMATION

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

Tsering	Amelia
<hr/> <i>Last Name</i>	<hr/> <i>First Name</i>
<hr/> <i>Status Of Women And Girls, Commission On The</i>	<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>			



Monica Montgomery Steppe

SUPERVISOR, FOURTH DISTRICT
San Diego County Board of Supervisors

DATE: March 24, 2026

TO: BOARD OF SUPERVISORS

SUBJECT: Appointment to Various BOARDS, COMMISSIONS AND COMMITTEES

Recommendation:

SUPERVISOR MONICA MONTGOMERY STEPPE

Appoint Brad Stone to the BEHAVIORAL HEALTH ADVISORY BOARD, COUNTY OF SAN DIEGO, Seat 15, for a term to expire April 30, 2027

Appoint Shantella Slaten to the COMMISSION ON THE STATUS OF WOMEN AND GIRLS, Seat 8, for a term to expire January 4, 2027

Appoint Carl Kasimatis to the CSA. NO 128-SAN MIGUEL LOCAL PARK DISTRICT CITIZEN ADVISORY BOARD, Seat 5, for a term to expire January 4, 2027

Appoint Cody Charfauros to the CSA. NO-128 SAN MIGUEL LOCAL PARK DISTRICT CITIZEN ADVISORY BOARD, Seat 7, for a term to January 4, 2027

Background information:

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



COUNTY OF SAN DIEGO

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

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Stone Brad
Last Name First Name
Behavioral Health Advisory Board (BHAB), County Of San Diego 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
Please list any time restrictions

What are your principal areas of interest in County Government?
My goal is to advocate for positive change for those living with behavioral health diagnoses. I would bring my experience of living with severe mental illness and finding recovery, as a consumer of behavioral health services, as a family member of someone living with behavioral health diagnoses, and as a professional working with seniors with SMI diagnoses. One of my main areas of focus is advocating for substantial reduction or elimination of forced restraint, seclusion, and medication after experiencing these things in my youth.

List all County Boards, Commissions or Committees of which you are a current member.
Not a current member []
Committee Name Date Appointed
San Deigo Peer Council 08/16/2024

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

Telecare Agewise	

<i>Current Employer</i>	
Peer Recovery Coach	1 year, 7 months
<i>Job Title</i>	<i>Length of Employment</i>

Previous Employers	Position Title	Length of Employment
Toddco3	Mechanical Engineer	6 months
Self-Employed	Mechanical Engineer	4 years
Self-Employed	Professional Poker Player	5 years
Nor-Cal Products	CAD Drafter 2	4 years

What experience or special knowledge can you bring to your area(s) of interest?
I am a certified Medi-Cal peer support specialist that works with seniors with severe mental illness diagnoses, a voting member of the San Deigo Peer Council, and someone with lived experience with mental illness, physical illness, and recovery. I am also a family member of someone with behavioral health diagnoses. I have substantial experience in navigating Medicare, Medi-Cal, Social Security, resources for seniors, and working with housing programs and the SDHC. Outside of my work and lived experience in behavioral health, I have experience in technical writing, substantial experience working in a technical profession, and general technology and science literacy. I regularly lead psycho-education groups for my program. I'm extremely passionate about advocacy and working to make positive change.

Please list community organizations to which you belong:
N/A

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:
Non-Binary

What is your age?
25-34 years old

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What is your total income?

\$25,000 to \$49,999

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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.

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By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.	
Brad Stone	4/8/2025
_____	_____
<i>Applicant's Signature</i>	<i>Date</i>

CONTACT INFORMATION

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

Stone	Brad
<hr/> <i>Last Name</i>	<hr/> <i>First Name</i>
Behavioral Health Advisory Board (BHAB), County Of San Diego	<i>District 4</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/> 	<hr/> 	<hr/> 	<hr/> 
<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/> 	<hr/> 	<hr/> 	<hr/> 
<i>Business Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<hr/> <i>Home Phone #</i>	<hr/> 	<i>Business Phone #</i>	
<hr/> 	<hr/> <i>Business Phone #</i>		
<i>Mobile Phone #</i>			
<hr/> 	<hr/> <i>E-Mail Address</i>		



COUNTY OF SAN DIEGO

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

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Form with fields for Last Name (Slaten), First Name (Shantella), Name of Board, Commission, or Committee to Which You are Applying for Membership (Status Of Women And Girls, Commission On The), and District You Live In (District 3).

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 detailed text response provided.

Section 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.

List past County appointments with dates served, and other past or present community or public service appointments.

Not a current member _

Committee/Organization Name

Dates Served

_____	_____
_____	_____
_____	_____
_____	_____

STATEMENT OF OCCUPATIONAL EXPERIENCE

Federal Government - RIFed

Current Employer

Job Title

Length of Employment

Previous Employers

Position Title

Length of Employment

U.S. Small business
Administration

Senior Paralegal Specialist

5 years

U.S. Department of Defense

Senior Trusted Agent

10 years

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

I bring over 15 years of combined experience in federal and state program management, procurement, and legal compliance, with a strong record of public service through agencies such as the U.S. Small Business Administration (SBA) and the Department of Defense (DCMA). My work has centered on supporting small businesses, ensuring equitable contracting opportunities, and strengthening oversight of public funds and community programs. I have led teams responsible for interpreting and applying complex federal and state regulations, managing multimillion-dollar portfolios, and ensuring program integrity through training, policy development, and stakeholder engagement. Additionally, I have experience collaborating with diverse community organizations to address housing instability, disaster recovery, and small business resilience key priorities at the County level. My professional background is complemented by a deep commitment to equity, transparency, and effective governance, which I believe are vital to advancing the County's mission and fostering community trust.

Please list community organizations to which you belong:

U.S. Small Business Administration (SBA) Disaster Assistance Program: Supporting small businesses and homeowners during recovery operations nationwide. Association of Government Accountants (AGA): Member and participant in professional development programs promoting transparency and accountability in public finance. California Association of Public Procurement Officials (CAPPO): Member, focusing on ethical contracting practices and local economic participation. National Grants Management Association (NGMA): Engaged in continuing education related to grant oversight and compliance. Volunteer Service with Local

Faith-Based and Senior Care Programs: Assisted with outreach efforts supporting elderly residents and displaced families in San Diego County.

Please describe your ethnic origin:

AMERICAN INDIAN/ALASKA NATIVE: 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.

Select the gender you identify as:

Female

What is your age?

55-64 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.

Shantella Slaten

10/14/2025

Applicant's Signature

Date

CONTACT INFORMATION

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

Slaten	Shantella
<i>Last Name</i>	<i>First Name</i>
Status Of Women And Girls, Commission On The	<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]	[REDACTED]	[REDACTED]	[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>		
[REDACTED]			
<i>Mobile Phone #</i>	<i>Business Phone #</i>		
[REDACTED]			
<i>E-Mail Address</i>			



COUNTY OF SAN DIEGO

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

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Form with fields for Last Name (Kasimatis), First Name (Carl), Name of Board (CSA No. 128 - San Miguel Local Park District Citizen Advisory Board), District (District 4), and Supervisorial District (District You Live In).

Form asking if the applicant can schedule their 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: Helping to create an active and safe community.

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

Quest Diagnostics

Project Manager

24 years

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

I have lived in Spring Valley for over 40 years, bringing up 2 kids that actively used the local parks and programs. I have continued to use local parks now with my grand kids. I have been a member of the CSA 128 board since 2018, and am familiar with the issues and constraints of the board.

Please list community organizations to which you belong:

I am currently vice president of Dictionary Hill Open Space Advocates.

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?

65-74 years old

What is your total income?

\$75,000 to \$99,999

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.

Carl Kasimatis

10/15/2025

Applicant's Signature

Date

CONTACT INFORMATION

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

Kasimatis	Carl
<i>Last Name</i>	<i>First Name</i>
CSA No. 128 - San Miguel Local Park District Citizen Advisory Board	<i>District 4</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>
<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

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

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Charfauros Cody
Last Name First Name
CSA No. 128 - San Miguel Local Park District Citizen Advisory Board District 5
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?
Land use, parks, traffic and streets.

List all County Boards, Commissions or Committees of which you are a current member. Not a current member []
Committee Name Date Appointed
Valle De Oro Community Planning Board May 2024

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

Slatt Capital

Current Employer

Principal / Managing Director

13

Job Title

Length of Employment

Previous Employers

Position Title

Length of Employment

Stereo D

Production Supervisor

3

Deluxe Entertainment Services

Director, Global Production Services

6

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

Prudent real estate development and land use expertise, I balance my knowledge of development standards and path of progress with community stakeholder needs and wants.

Please list community organizations to which you belong:

Church finance council, Mater Dei High School foundation board, USC Marshall Alumni Association.

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?

35-44 years old

What is your total income?

\$150,000 or greater

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.

Cody Charfauros

2/27/2026

Applicant's Signature

Date

CONTACT INFORMATION

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

Charfauros	Cody
<hr/> <i>Last Name</i>	<hr/> <i>First Name</i>
CSA No. 128 - San Miguel Local Park District Citizen Advisory Board	<i>District 5</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/> [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/> <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/> [REDACTED]			
<i>E-Mail Address</i>			



PALOMA AGUIRRE
CHAIR PRO TEM
SUPERVISOR, FIRST DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS

DATE: March 24, 2026

TO: Board of Supervisors

RE: SUBJECT: VARIOUS APPOINTMENTS (DISTRICT: 1)

RECOMMENDATION(S): SUPERVISOR PALOMA AGUIRRE

Appoint Deepti Kurup to AGING & INDEPEDENCE SERVICES, ADVISORY COUNCIL, Seat 1, for a term to expire January 8, 2029

Appoint to Alisha Morrison to LINCOLN ACRES COMMUNITY SPONSOR GROUP, Seat 1, for a term to expire January 8, 2029.

Appoint to Jose Luis Sainz to LINCOLN ACRES COMMUNITY SPONSOR GROUP, Seat 2, for a term to expire January 4, 2027.

Appoint to Doyle Morrison to LINCOLN ACRES COMMUNITY SPONSOR GROUP, Seat 3, for a term to expire January 8, 2029.

Appoint to John Salazar to LINCOLN ACRES COMMUNITY SPONSOR GROUP, Seat 4, for a term to expire January 4, 2027.

Re-appoint Tina Carlson to CSA NO. 128 - SAN MIGUEL LOCAL PARK DISTRICT CITIZEN ADVISORY BOARD, Seat 2, for a term to expire January 8, 2029.

Appoint Rolland E. Slade to CSA NO. 128 - SAN MIGUEL LOCAL PARK DISTRICT CITIZEN ADVISORY BOARD, Seat 3, for a term to expire January 8, 2029.

Appoint Carlos Solorio to CSA NO. 128 - SAN MIGUEL LOCAL PARK DISTRICT CITIZEN ADVISORY BOARD, Seat no. 4, for a term to expire January 8, 2029.

SUBJECT: RE: SUBJECT: VARIOUS APPOINTMENTS (DISTRICT: 1)

Appoint Gilbert Chavez to SPRING VALLEY COMMUNITY PLANNING GROUP, Seat 1, for a term to expire January 8th, 2029.

Appoint Mark Amaral to SPRING VALLEY COMMUNITY PLANNING GROUP, Seat 11, for a term to expire January 8th, 2029.

Appoint Cathy Smith to SPRING VALLEY COMMUNITY PLANNING GROUP, Seat 15, for a term to expire January 8th, 2029.

Appoint Nick Gulino to SAN DIEGO COUNTY CAPITAL ASSET LEASING CORP, Seat 1, for a term to expire January 8th, 2029.

Appoint Michael Kerr to SAN DIEGO MILITARY AND VETERANS ADVISORY COUNCIL, Seat 1, for a term to expire January 8th, 2029.

BACKGROUND

Deepti Kurup
San Diego 92129

Alisha Morrison
Lincon Acres, 91950

Jose Luis Sainz
National City, 91950

Doyle Morrison
Lincon Acres, 91950

John Salazar
National City, 91950

Rolland E. Slade
Spring Valley 91977

Carlos Solorio
Spring Valley 91977

Tina Carlson
Spring Valley 91977

Gilbert Chavez
Spring Valley 91977

SUBJECT: RE: SUBJECT: VARIOUS APPOINTMENTS (DISTRICT: 1)

Cathy Smith
Spring Valley 91977

Mark Amaral
Spring Valley 91977

Nick Gulino
San Diego, 92101

Michael Kerr
San Diego, 92150

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Paloma Aguirre'. The signature is fluid and cursive, with a prominent loop at the end.

PALOMA AGUIRRE
Supervisor, First 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)

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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 (Kurup), First Name (Deepti), Name of Board (Aging & Independence Services, Advisory Council), and District (District 1).

Section asking if the 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: Senior Care, Disabled Care, Caregiver support, Reduction in re-hospitalization.

Section for listing current County Boards, Commissions or Committees, with a checkbox for 'Not a current member' and 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, with a checkbox for 'Not a current member' and columns for Committee/Organization Name and Dates Served.

STATEMENT OF OCCUPATIONAL EXPERIENCE

ComForCare Home Care-Chula Vista/La Mesa

Current Employer

Owner & President

0.5 years

Job Title

Length of Employment

Previous Employers

Position Title

Length of Employment

M&T Bank

Senior Vice President

3.5 years

Bank Of America

Vice President

9.5 years

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

As the owner of a home care agency, I can bring a wealth of practical experience to a committee focused on aging, disabled care, and reducing hospital readmissions. My contributions would be highly valuable in the following areas: * Direct Care Insights: I have a firsthand understanding of the daily challenges and needs of the aging and disabled, including medication management, mobility issues, and the need for assistance with daily activities. * Preventing Readmissions: I can provide specific strategies for reducing hospital readmissions by highlighting the importance of post-discharge care, such as medication adherence, wound care, and monitoring for early warning signs of complications. * Operational Expertise: I experience in managing staff, navigating healthcare regulations, and coordinating care between various providers offers a crucial business perspective on how to implement sustainable and effective care models. * Patient Advocacy: I can be a strong voice for the patient, ensuring that solutions are centered around their dignity, independence, and overall quality of life at home.

Please list community organizations to which you belong:

San Diego Council on Aging South Bay Senior Provider Network East County Senior Provider Network San Diego Regional Center - Respite Care National City Chamber of Commerce Parkinson's Foundation

Please describe your ethnic origin:

ASIAN: 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.

Select the gender you identify as:

Female

What is your age?

35-44 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. 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.

Deepti Kurup

15/9/2025

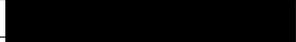
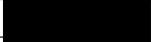
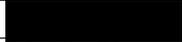
Applicant's Signature

Date

CONTACT INFORMATION

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

Kurup	Deepti
<hr/> <i>Last Name</i>	<hr/> <i>First Name</i>
Aging & Independence Services, Advisory Council	<hr/> <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/> 	<hr/> 	<hr/> 	<hr/> 
<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/> 	<hr/> 	<hr/> 	<hr/> 
<hr/> <i>Business Street Address</i>	<hr/> <i>City</i>	<hr/> <i>State</i>	<hr/> <i>Zip</i>
<hr/> <i>Home Phone #</i>	<hr/> 	<hr/> <i>Business Phone #</i>	
<hr/> 	<hr/> <i>Business Phone #</i>		
<hr/> <i>Mobile Phone #</i>	<hr/> <i>Business Phone #</i>		
<hr/> 	<hr/> <i>E-Mail Address</i>		



COUNTY OF SAN DIEGO

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

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Slade Rolland E
Last Name First Name
CSA No. 128 - San Miguel Local Park District Citizen Advisory Board District 1
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
Sundays - All Day, Wednesday - Evenings
Please list any time restrictions

What are your principal areas of interest in County Government?
The welfare of children, youth, and their families, mentoring, kinship care, foster care, juvenile justice, and homelessness prevention.

List all County Boards, Commissions or Committees of which you are a current member. Not a current member []
Committee Name Date Appointed
Regional Task Force on Homelessness July 2016
Live Well San Diego East Region Leadership Team June 2014
CSA No. 128 - San Miguel Local Park District Citizen Advisory Board July 2011

List past County appointments with dates served, and other past or present community or public service appointments. Not a current member []
Committee/Organization Name Dates Served
Commission on Children, Youth and Families June 2009 - December 2013
Suicide Homicide Audit Committee January 1997 - July 2000
Continuum of Care Council June 2010 - June 2025

STATEMENT OF OCCUPATIONAL EXPERIENCE

Meridian Southern Baptist Church

Current Employer

Senior Pastor

22 years

Job Title

Length of Employment

Previous Employers	Position Title	Length of Employment
County of San Diego - HHSA	Faith, Community Coordinator - Central Region	3 Years
Children's Initiative	Faith Community Coordinator	1 Year
North American Mission Board - SBC	National Missionary	3 Years
CA Southern Baptist Convention	Church & Community Missionary	5 Years

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

I have long time resident and community member of the Spring Valley District 1. My training and personality has led me to be known as consensus community organizer rather than a tradition confrontational style organizer. I have been trained and taught community organizing for the majority pf my adult life. I firmly believe that we can maximize the health and welfare of a community when we tap into its' strength rather than focus primarily on its' shortcoming. I believe there is gold in every community

Please list community organizations to which you belong:

CA Little League District 66 - San Diego (District Administrator, and Little League Urban Initiative Program National Advisory) East Regional Task Force on Homelessness (Steering Committee Chair) Regional Task Force on the Homeless (Governance Committee Chair)

Please describe your ethnic origin:

BLACK/AFRICAN AMERICAN: All persons having origins in any of the original Black racial groups of Africa.

Select the gender you identify as:

Male

What is your age?

65-74 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. 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.

Rolland E Slade

1/6/2026

Applicant's Signature

Date

CONTACT INFORMATION

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

Slade	Rolland E
<hr/> <i>Last Name</i>	<hr/> <i>First Name</i>
CSA No. 128 - San Miguel Local Park District Citizen Advisory Board	<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/> [REDACTED]	<hr/> [REDACTED]	<hr/> [REDACTED]	<hr/> [REDACTED]
<i>Home Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<hr/> [REDACTED]	<hr/> [REDACTED]	<hr/> [REDACTED]	<hr/> [REDACTED]
<i>Mailing Address (if different than home address)</i>	<i>City</i>	<i>State</i>	<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]	<hr/> [REDACTED]		
<i>Mobile Phone #</i>	<i>Business Phone #</i>		
<hr/> [REDACTED]			
<i>E-Mail Address</i>			



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 (SOLORIO), First Name (CARLOS), Name of Board (CSA No. 128 - San Miguel Local Park District Citizen Advisory Board), and District (District 1).

Form asking if the applicant can schedule time accordingly, with options for Yes and No, and a field for work hours (9AM-530PM).

Form asking for principal areas of interest in County Government, with the response: WORKFORCE DEVELOPMENT, YOUTH PROGRAMS & ADVOCACY, JUSTICE IMPACTED YOUTH RECIDIVISM.

Form asking for current County Boards, Commissions or Committees, with a checkbox for 'Not a current member' and fields for Committee Name and Date Appointed.

Form asking for past County appointments with dates served, and other past or present community or public service appointments, with a checkbox for 'Not a current member' and fields for Committee/Organization Name and Dates Served.

STATEMENT OF OCCUPATIONAL EXPERIENCE

LEARN4LIFE HIGH SCHOOLS

Current Employer

COMMUNITY LIAISON - SAN DIEGO REGION

10 + YEARS

Job Title

Length of Employment

Previous Employers	Position Title	Length of Employment
REALITY CHANGERS	DIRECTOR OF DIGITAL MEDIA	10+ YEARS
CA	CA	CA
CA	CA	CA
CA	CA	CA

What experience or special knowledge can you bring to your area(s) of interest?
PROGRAMMATIC OFFERINGS FOR YOUTH/YOUNG ADULTS, WORKFORCE DEVELOPMENT, COMMUNITY OUTREACH EVENTS AT LOCAL PARKS, VENUES, ETC.

Please list community organizations to which you belong:
CHICANO FEDERATION OF SAN DIEGO COUNTY

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?
35-44 years old

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

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.

CARLOS SOLORIO

2/25/2026

Applicant's Signature

Date

CONTACT INFORMATION

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

SOLORIO	CARLOS
<i>Last Name</i>	<i>First Name</i>
CSA No. 128 - San Miguel Local Park District Citizen Advisory Board	<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>
<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]		
<i>Home Phone #</i>	<i>Business Phone #</i>		
[REDACTED]	[REDACTED]		
<i>Mobile Phone #</i>	<i>Business Phone #</i>		
[REDACTED]			
<i>E-Mail Address</i>			



COUNTY OF SAN DIEGO

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

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MORRISON	ALISHA	
<i>Last Name</i>	<i>First Name</i>	
Lincoln Acres Community Sponsor Group		<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>

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? Yes No

Tuesday Evenings after 6PM

Please list any time restrictions

What are your principal areas of interest in County Government?

Preserving and protecting historic, agricultural urban-farming communities, especially Disadvantaged Unincorporated Communities from further piecemeal annexations, irresponsible development that is injurious to residential communities and all aspects of the environment. Working hard for the the greater good of communities, insistent on governmental transparency.

List all County Boards, Commissions or Committees of which you are a current member. Not a current member

<i>Committee Name</i>	<i>Date Appointed</i>
_____	_____
_____	_____
_____	_____

List past County appointments with dates served, and other past or present community or public service appointments. Not a current member

<i>Committee/Organization Name</i>	<i>Dates Served</i>
Lincoln Acres Civic Association	2002-2004; 02/2025 to Present
Lower Sweetwater Fire Protection District (secretary)	2002-2004

CalTrans Adopt-a-Highway	08/06/2025 - Present

STATEMENT OF OCCUPATIONAL EXPERIENCE

Retired	
<i>Current Employer</i>	
Community Volunteer & Advocate	11 MONTHS
<i>Job Title</i>	<i>Length of Employment</i>

Previous Employers	Position Title	Length of Employment
ASSOCIATED MICROBREWRIES DBA KARL STRAUSS BREWING COMPANY	ACCOUNTS RECEIVABLE/PAYABLE CLERK	13 YEARS
FIRST FUTURE CREDIT UNION	TELLER/ACCOUNTING SPECIALIST	2 YEARS
BARONA CASINO	CASHIER/FLOOR ATTENDANT	2 YEARS
KELCO DIVISION OF MERCK, INC.	PURCHASING CLERK	6 YEARS

What experience or special knowledge can you bring to your area(s) of interest?
 Hard work, self-discipline, dedication, and commitment in leading Lincoln Acres Civic Association meetings, schedule meetings, preparing agendas, taking minutes, organizing guest speakers, community informational outreach. Self study, research and learning San Diego County General Plan, Board of Supervisors Policies & Procedures, Local Agency Formation Commissions Policy & Procedures, City of National City General Plan, Safety Element & Land Use Element. Keeping informed and communicating information with Lincoln Acres community.

Please list community organizations to which you belong:
 Lincoln Acres Civic Association, Remember Us The Holocaust (non-profit), South Bay Historical Society (non-profit), La Vista Historical Foundation (non-profit), CalTrans Adopt-a-Highway.

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?

55-64 years old

What is your total income?

\$1 to \$24,999

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. 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.

ALISHA MORRISON

11/19/2025

Applicant's Signature

Date

CONTACT INFORMATION

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

MORRISON	ALISHA	
<i>Last Name</i>	<i>First Name</i>	
Lincoln Acres Community Sponsor Group		<i>District 1</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>
SAME AS ABOVE			
<i>Mailing Address (if different than home address)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
N/A			
<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, 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: Alisha Morrison Date: 11/23/25

Print Name on Voter's Registration Form: Alisha R. Morrison
First Name Last Name

Community Planning/Sponsor Group Chair or Designated Representative Endorsement:

Group Chair:

As the current Chair of the Lincoln Acres CSB 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: 12.4.25

Print Name: Dawn Noble Date Elected Chair: NYK - Designated Rep.

Email Address: [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 Lincoln Acres Community Planning/Sponsor Group for which he/she seeks to be appointed.

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

ROV Data Stamp:

2025 DEC -5 AM 10:22

PDS-908 REV.: 02/15/2023

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





COUNTY OF SAN DIEGO

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

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Sainz	Jose Luis	
<i>Last Name</i>	<i>First Name</i>	
Lincoln Acres Community Sponsor Group		District 1
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>		<i>Supervisory District You Live In</i>

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? Yes No

None

Please list any time restrictions

What are your principal areas of interest in County Government?

I am interested in changes and improvements in the unincorporated areas of the County of San Diego, specifically, Lincoln Acres. I have resided in the same home in Lincoln Acres for the past 42 years. I have a vested interest in how my neighborhood can be improved, but also have concerns over improvements which may change the characteristics of Lincoln Acres. There is a country feel to this area and this is reason why we have continued to live here. I am currently involved in community meetings in Lincoln Acres, volunteer to clean up freeway entrances and exits to this area. I also have been volunteering to clean up litter, trash, graffiti and tall grass which may pose a fire hazard to us and our neighbors. I have been doing this for many years now and take pride in my neighborhood and what I do. I hope I am considered for the appointment.

List all County Boards, Commissions or Committees of which you are a current member. Not a current member

<i>Committee Name</i>	<i>Date Appointed</i>
_____	_____
_____	_____
_____	_____

List past County appointments with dates served, and other past or present community or public service appointments.

Not a current member

Committee/Organization Name

Dates Served

_____	_____
_____	_____
_____	_____

STATEMENT OF OCCUPATIONAL EXPERIENCE

Retired Building Official

Current Employer

Building Official

13 years

Job Title

Length of Employment

Previous Employers	Position Title	Length of Employment
City of National City	Building Official	16 years
City of San Diego	Code Enforcement Officer	5 years
City of San Diego	Police Dispatcher	5 years
Washington Mutual	Assistant Bank Manager	14 years

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

Several years of working in a municipality where I was at the city Building Official. I was responsible for the operations of the Building Department. I was involved in a wide range of city projects, construction developments, responsibility of annual financial budget projections for the department that I managed. I was fortunate to work with all city departments including police, fire, engineering, community development, city council, development services, etc. I was also a responsible party of our city Office of Emergency Services. I was certified with the State of California Safety Assessment Program. I hold 10 International Code Council Building Construction certifications.

Please list community organizations to which you belong:

None at this time.

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?

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. 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.

Jose Luis Sainz

11/20/2025

Applicant's Signature

Date

CONTACT INFORMATION

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

Sainz	Jose Luis
<i>Last Name</i>	<i>First Name</i>
Lincoln Acres Community Sponsor Group	<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>
<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, 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: *Jose Luis G. Sainz* Date: 11-24-2025

Print Name on Voter's Registration Form: JOSE LUIS G SAINZ
First Name Last Name

Community Planning/Sponsor Group Chair or Designated Representative Endorsement:

Group Chair:

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

Signature: *Dawn Noble* Date: 12-4-25

Print Name: Dawn Noble Date Elected Chair: NA - Designated Rep.

Email Address: [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 Lincoln Acres Community Planning/Sponsor Group for which he/she seeks to be appointed.

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

ROV Date Stamp:

2025 DEC -5 AM 10: 23
REC'D S.D. CO ROV

PDS-800 REV.: 02/15/2023

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





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

MORRISON	DOYLE
<i>Last Name</i>	<i>First Name</i>
Lincoln Acres Community Sponsor Group	
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<i>District 1</i>
	<i>Supervisorial District You Live In</i>

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? Yes No

Tuesday Evenings after 6PM

Please list any time restrictions

What are your principal areas of interest in County Government?

Giving a voice to the disadvantaged community of Lincoln Acres, creating a specific plan to assist the County of San Diego in decision making that reflects the local community character, historic values, and the desire to remain unincorporated. For over a century, Lincoln Acres has been challenged with the task of preserving our historic territory from annexation and irresponsible development without help from any of the previous Supervisors, even though Lincoln Acres has always been identified as a spirited community when it comes to opposing annexation.

List all County Boards, Commissions or Committees of which you are a current member. Not a current member

<i>Committee Name</i>	<i>Date Appointed</i>
_____	_____
_____	_____
_____	_____

List past County appointments with dates served, and other past or present community or public service appointments. Not a current member

<i>Committee/Organization Name</i>	<i>Dates Served</i>
_____	_____
_____	_____
_____	_____

Lincoln Acres Civic Association	2002-2004; 02/2025 to Present
_____	_____
_____	_____
_____	_____

STATEMENT OF OCCUPATIONAL EXPERIENCE

IBEW Local 569	

<i>Current Employer</i>	
Journeyman Wireman/Splicer	41 years
<i>Job Title</i>	<i>Length of Employment</i>

Previous Employers	Position Title	Length of Employment
Electrical Training Institute San Diego	Instructor	21 years (also current employer)
_____	_____	_____
_____	_____	_____
_____	_____	_____

What experience or special knowledge can you bring to your area(s) of interest?
 General knowledge of construction, codes, inspections; can give a unique perspective toward achieving a development plan that reflects safety, community character, while maintaining a healthy environment for existing residents, and sustainability of the life styles that are Lincoln Acres, "The Haven of the Home Seeker" [R.E. Harrison Subdividers, January 1923 (flyer)]. I have years of experience working with the community to prevent piecemeal annexations, self study research of the California Environmental Quality Act, County of San Diego General Plan, San Diego County Operational Evacuation Plan (Annex Q), Board of Supervisors Policies & Procedures, LAFCO Policies & Procedures, City of National City General Plan, Safety & Land Use Element, Municipal Codes, City Council Policies, and Planning Commission By-laws.

Please list community organizations to which you belong:
 Lincoln Acres Civic Association, CalTrans Adopt-a-Highway, Remember Us the Holocaust (non-profit), South Bay Historical Society (non-profit), La Vista Historical Foundation (non-profit)

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?

\$150,000 or greater

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.

DOYLE MORRISON

11/23/2025

Applicant's Signature

Date

CONTACT INFORMATION

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

MORRISON	DOYLE	
<i>Last Name</i>	<i>First Name</i>	
Lincoln Acres Community Sponsor Group		<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>
<i>Mailing Address (if different than home address)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
N/A			
<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>		
[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: Doyle Morrison Date: 11/26/2025

Print Name on Voter's Registration Form: Doyle Morrison
First Name Last Name

Community Planning/Sponsor Group Chair or Designated Representative Endorsement:

Group Chair:

As the current Chair of the Lincoln Acres CSB 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: 12.4.25

Print Name: Downs Noble Date Elected Chair: N/A - Designated Rep.

Email Address: [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 Lincoln Acres Community Planning/Sponsor Group for which he/she seeks to be appointed.

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

ROV Date Stamp: 2025 DEC 5 AM 10:23
REC'D S.O. CO ROV





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

Salazar John
Last Name First Name
Lincoln Acres Community Sponsor Group District 1
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?
Public land use and rights

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

Cardinal Health

Current Employer

Software engineer

4 years

Job Title

Length of Employment

Previous Employers

Position Title

**Length of
Employment**

EY

Tax accountant

4 years

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

Analytical and taxation skills, overall engineering knowledge. In 2021 there was a change to our street lanes near prospect st, due to the paint 3 lanes converged to 2 in an intersection and it was a mess. I contacted the city and clearly explained and was happy to see the fix implemented. I have communication and technological skills that I feel can also benefit the board.

Please list community organizations to which you belong:

Lincoln Acres Elementary PTA member

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?

35-44 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. Candidates may be asked to provide additional information.

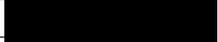
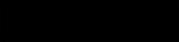
Membership qualifications for all County Boards, Commissions and Committees may be accessed through the Clerk of the Board's website at www.sandiegocounty.gov/cob/bcac/ or by calling (619) 531-5600. This Application will be considered complete when such requirements are provided by the applicant.

By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.	
John Salazar	1/26/2026
_____	_____
<i>Applicant's Signature</i>	<i>Date</i>

CONTACT INFORMATION

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

Salazar	John
<hr/> <i>Last Name</i>	<hr/> <i>First Name</i>
Lincoln Acres Community Sponsor Group	<hr/> <i>District 1</i>
<hr/> <i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<hr/> <i>Supervisory District You Live In</i>

<hr/> 	<hr/> 	<hr/> 	<hr/> 
<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/> 			
<hr/> <i>Mobile Phone #</i>	<hr/> <i>Business Phone #</i>		
<hr/> 			
<hr/> <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: _____

Date: _____

Print Name on Voter's Registration Form: _____

First Name

Last Name

Community Planning/Sponsor Group Chair or Designated Representative Endorsement:

Group Chair:

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

Signature: _____

Date: 3/10/26

Print Name: Dawn Noble

Date Elected Chair: n/a authorized rep.

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 Lincoln Acres Community Planning/Sponsor Group for which he/she seeks to be appointed.

Voter ID # _____

Signed: _____

Deputy Registrar of Voters

ROV Date Stamp:

2026 MAR 10 PM 4:09

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 the





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 (Gulino), First Name (Nick), Name of Board, Commission, or Committee to Which You are Applying for Membership (San Diego County Capital Asset Leasing Corp), and Supervisorial District You Live In (District 1).

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: 'I am primarily interested in being of service. However, I have policy experience and expertise in housing, public finance, energy, and healthcare.'

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

Section for listing past County appointments with dates served, with a handwritten entry for Behavioral Health Advisory Board from October 2021.

STATEMENT OF OCCUPATIONAL EXPERIENCE

Recover

Current Employer

CEO

January 2021 - Present

Job Title

Length of Employment

Previous Employers	Position Title	Length of Employment
McKinsey & Company	Associate	March 2019 - December 2020
Supreme Court of California	Judicial Extern	July 2017 - August 2017
City of Detroit	Policy Fellow	August 2016 - May 2017
California Department of Justice	Honors Clerk	May 2016 - August 2016

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

I have a deep background in California government and policy, and am a native San Diegan. I began my career as a counselor to at-risk juveniles at a "last chance" high school in District 3, where I was raised. I subsequently served as an Executive Fellow in the Administration of Governor Brown of California, where I worked in the Office of Treasurer John Chiang on public finance and housing policy. I then matriculated to Yale Law School, where I was an Honors Clerk in the California Department of Justice, advised the Office of the Mayor of Detroit on civil rights, and housing policy, and was a Judicial Extern to Justice Leondra Kruger of the Supreme Court of California. I was also selected as a Latham & Watkins Diversity Scholar during my time in law school. Following my graduation, I spent two years at McKinsey & Company on the State & Local Government team, and for the past five years have served as CEO of Recover, a behavioral health provider for low-income Californians contracted with over 25 Counties throughout the State, and providing care for thousands of Californians with psychiatric and drug and alcohol challenges.

Please list community organizations to which you belong:

I am currently Chair of the Consolidated Plan Advisory Board, which advises the San Diego City Council on the distribution of all United States Housing and Urban Development (HUD) funds to finance affordable housing, economic development, and infrastructure, the largest grant program for the City. I also serve on the Board of Neighborhood Legal Services of Los Angeles County, a legal aid organization serving Angelinos. Lastly, I am a member of the Board of Directors of Kodable, a San Diego-based educational technology company that has helped over 40 million children learn to code. I previously served as an Entrepreneur-in-Residence at UC San Diego.

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?

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.

Nick Gulino

1/21/2026

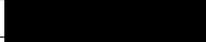
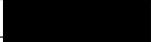
Applicant's Signature

Date

CONTACT INFORMATION

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

Gulino	Nick
<hr/> <i>Last Name</i>	<hr/> <i>First Name</i>
San Diego County Capital Asset Leasing Corp	<hr/> <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/> 	<hr/> 	<hr/> 	<hr/> 
<hr/> <i>Home Street Address</i>	<hr/> <i>City</i>	<hr/> <i>State</i>	<hr/> <i>Zip</i>
<hr/> 	<hr/> 	<hr/> 	<hr/> 
<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/> 	<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@sdcountry.ca.gov

Form with fields for Last Name (Kerr), First Name (Michael), Name of Board (San Diego Military And Veterans Advisory Council), 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 text response area.

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.

American Water Works Association - Veteran Engagement & Transition Committee	September 2024 - Present
Vista Del Sur HOA Board Member	July 2025 - Present

STATEMENT OF OCCUPATIONAL EXPERIENCE

Otay Water District	
<i>Current Employer</i>	
Information Technology Manager	11 years
<i>Job Title</i>	<i>Length of Employment</i>

Previous Employers	Position Title	Length of Employment
Port of San Diego	Program Manager	8 year
Websense, Inc	Senior Technical Specialist	2 years
US Navy	Machinist Mate	9 years

What experience or special knowledge can you bring to your area(s) of interest?
 As stated previously, as a U.S. military veteran and Technology Manager with over two decades of public sector experience, I bring both technical and administrative expertise to improve service delivery and program accountability. I've led cross-departmental initiatives that strengthen communication, training, and system efficiency. Combined with my firsthand understanding of veterans' transition challenges, I'm committed to helping enhance the accessibility and impact of County veteran services.

Please list community organizations to which you belong:
 - Zero8Hundred Veterans Service Organization - Board Chair - American Water Works Association - Veteran Engagement & Transition Committee (VET) Vice-Chair - Vista Del Sur HOA Community - Board Member

Please describe your ethnic origin:
 BLACK/AFRICAN AMERICAN: All persons having origins in any of the original Black racial groups of Africa.

Select the gender you identify as:
 Male

What is your age?
 45-54 years old

--

What is your total income?

\$150,000 or greater

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.

Michael Kerr

10/14/2025

<i>Applicant's Signature</i>

<i>Date</i>

CONTACT INFORMATION

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

Kerr	Michael
<hr/> <i>Last Name</i>	<hr/> <i>First Name</i>
San Diego Military And Veterans Advisory Council	<hr/> <i>District 1</i>
<hr/> <i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<hr/> <i>Supervisory District You Live In</i>

<hr/> 	<hr/> 	<hr/> 	<hr/> 
<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/> 	<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

CHAVEZ	GILBERT	
<i>Last Name</i>	<i>First Name</i>	
Spring Valley Community Planning Group		District 1
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>		<i>Supervisorial District You Live In</i>

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? Yes No

Unavailable on Mondays only

Please list any time restrictions

What are your principal areas of interest in County Government?

District 1 - Spring Valley Community Planning Group.

List all County Boards, Commissions or Committees of which you are a current member. Not a current member

<i>Committee Name</i>	<i>Date Appointed</i>
Spring Valley Coalition 2024	05/2024 to present

List past County appointments with dates served, and other past or present community or public service appointments. Not a current member

<i>Committee/Organization Name</i>	<i>Dates Served</i>
San Diego County Sheriff's Dept - Volunteer Senior Patrol	Nov. 2023 to present

STATEMENT OF OCCUPATIONAL EXPERIENCE

Retired	
Current Employer	
Job Title	Length of Employment

Previous Employers	Position Title	Length of Employment
San Diego County	Building Inspector	10 years
Rhule Construction	Project Building Manager	10 years

What experience or special knowledge can you bring to your area(s) of interest?
I bring more than 30+ years of work experience in building construction. I have worked as a laborer, supervisor, project manager, finishing my career off as a Building Inspector for the County of San Diego. I believe my background and knowledge would benefit the SV Planning group and it's members. My self-serving goal would be to make Spring Valley a safe, clean community where we can enhance the quality of life for it's residents.

Please list community organizations to which you belong:
Spring Valley Coalition 2024

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?
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. 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.

GILBERT CHAVEZ

5/2/2025

Applicant's Signature

Date

CONTACT INFORMATION

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

CHAVEZ		GILBERT	
<i>Last Name</i>		<i>First Name</i>	
Spring Valley Community Planning Group		District 1	
<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]
<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>			



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: [Handwritten Signature] Date: 5-2-25

Print Name on Voter's Registration Form: GILBERT CHAVET First Name Last Name

Community Planning/Sponsor Group Chair or Designated Representative Endorsement:

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

Signature: [Handwritten Signature] Date: 2025-05-08

Print Name: Christopher M Pierce Date Elected Chair: 2025-01-14

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 Spring Valley Community Planning/Sponsor Group for which he/she seeks to be appointed.

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

ROV Date Stamp: 2025 MAY -8 P 3:01 REC'D S. D. CO. ROV





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

Amaral	Mark
<i>Last Name</i>	<i>First Name</i>
Spring Valley Community Planning Group	District 1
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<i>Supervisory District You Live In</i>

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? Yes No

Please list any time restrictions

What are your principal areas of interest in County Government?
 Public Safety, Transportation & Road Maintenance, Economic Development.

List all County Boards, Commissions or Committees of which you are a current member.
 Not a current member

<i>Committee Name</i>	<i>Date Appointed</i>

List past County appointments with dates served, and other past or present community or public service appointments.
 Not a current member

<i>Committee/Organization Name</i>	<i>Dates Served</i>

STATEMENT OF OCCUPATIONAL EXPERIENCE

Retired	
Current Employer	
Job Title	Length of Employment

Previous Employers	Position Title	Length of Employment
AT&T	OSP Engineer	11yr
AT&T	Construction Supervisor	20yr
Quad Knopf	CADD Technician, Utility Coordinator	3yr

What experience or special knowledge can you bring to your area(s) of interest?
Understanding of complex project plans. Understanding of road improvement and grading requirements. Understanding of Utility placements, easements, right of way and design. Management experience with various teams at AT&T.

Please list community organizations to which you belong:
San Diego County Sheriff Volunteer Dictionary Hill Open Space Advocacy group (DHOSA)

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?
55-64 years old

What is your total income?
\$25,000 to \$49,999

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. 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.

Mark Amaral

11/4/2025

Applicant's Signature

Date

CONTACT INFORMATION

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

Amaral		Mark	
<i>Last Name</i>		<i>First Name</i>	
Spring Valley Community Planning Group		District 1	
<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>
<i>Mailing Address (if different than home address)</i>	[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]		
<i>Mobile Phone #</i>	<i>Business Phone #</i>		
[REDACTED]	[REDACTED]		
<i>E-Mail Address</i>			
[REDACTED]			



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: [Handwritten Signature] Date: 11/5/2025
Print Name on Voter's Registration Form: Mark Amaral
First Name Last Name

Community Planning/Sponsor Group Chair or Designated Representative Endorsement:

Group Chair:

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

Signature: Christopher Pierce Date: 2025-11-09
Signer ID: IUGUCBQR16...
Print Name: Christopher Pierce Date Elected Chair: 2025-01-14
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 Spring Valley Community Planning/Sponsor Group for which he/she seeks to be appointed.

Voter ID # 4715066 Signed: [Signature] Deputy Registrar of Voters

ROV Date Stamp:

PDS-900 REV.: 02/15/2023

2025 NOV 10 AM 11:59

REC'D S.D. CO. ROV

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





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 (Smith), First Name (Cathy), Name of Board (Spring Valley Community Planning Group), and District (District 1).

Section asking if the applicant can schedule time for 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 a checked box for 'Not a current member' and a table for Committee Name and Date Appointed.

Section for listing past County appointments, with a checked box for 'Not a current member' and a table for Committee/Organization Name and Dates Served.

STATEMENT OF OCCUPATIONAL EXPERIENCE

Retired

Current Employer

Bakery Manager @ Von's

32 years

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?

Dear Members of the Spring Valley Planning Group, I am writing to express my interest in joining the Spring Valley Planning Group. As a resident of Spring Valley for the past 40 years, I have developed a deep connection and commitment to the betterment of our community. I have actively participated in various community initiatives and have always sought ways to contribute to the growth and improvement of Spring Valley. My passion for our community drives me to be involved in shaping decisions that affect our daily lives and future development. I believe that my life experience and dedication can be an asset to the Planning Group. I am eager to collaborate with fellow members to provide thoughtful recommendations to the county supervisors, ensuring that our community continues to thrive. Thank you for considering my application. I look forward to the possibility of contributing to the Spring Valley Planning Group and working together to make a positive impact. Sincerely, Cathy Smith 1611 La Mesa Ave. Spring Valley, CA. 91977 619-957-1975 cathylynnsmith@yahoo.com

Please list community organizations to which you belong:

Spring Valley 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:

Female

What is your age?

65-74 years old

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. 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.

Cathy Smith

6/21/2025

Applicant's Signature

Date

CONTACT INFORMATION

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

Smith	Cathy
<hr/> <i>Last Name</i>	<hr/> <i>First Name</i>
Spring Valley Community Planning Group	<hr/> <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/> [REDACTED]	<hr/> [REDACTED]y	<hr/> [REDACTED]	<hr/> [REDACTED]
<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/> [REDACTED]	<hr/> [REDACTED]	<hr/> [REDACTED]
<hr/> <i>City</i>	<hr/> <i>State</i>	<hr/> <i>Zip</i>	
<hr/> [REDACTED]	<hr/> <i>Home Phone #</i>	<hr/> <i>Business Phone #</i>	
<hr/> [REDACTED]	<hr/> <i>Mobile Phone #</i>	<hr/> <i>Business Phone #</i>	
<hr/> [REDACTED]	<hr/> <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: [Handwritten Signature] Date: 06/24/2025
Print Name on Voter's Registration Form: Cathy Lynn Smith
First Name Last Name

Community Planning/Sponsor Group Chair or Designated Representative Endorsement:

Group Chair:

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

Signature: [Handwritten Signature] Date: 2025-06-26
Print Name: Christopher M Pierce Date Elected Chair: 2025-01-14
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 Spring Valley Community Planning/Sponsor Group for which he/she seeks to be appointed.

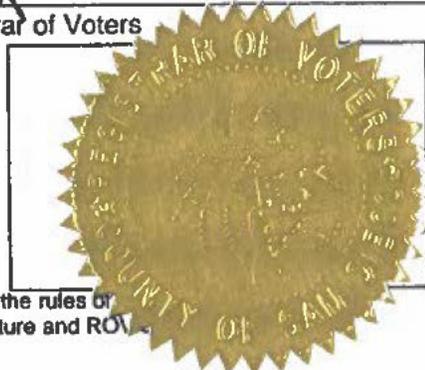
Voter ID #: [Redacted] Signed: [Handwritten Signature] Deputy Registrar of Voters

ROV Date Stamp:

2025 JUN 27 A 10:47

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 Not valid for appointment without current Chair's signature and ROV



JOEL ANDERSON

SUPERVISOR, SECOND DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS

AGENDA ITEM

DATE: March 24, 2026

TO: Board of Supervisors

RE: SUBJECT: VARIOUS APPOINTMENTS (DISTRICT: 2)

RECOMMENDATION(S):

SUPERVISOR JOEL ANDERSON

Appoint James Lund to the ASSESMENT APPEALS BOARD 1 (AAB), Seat 2, for a term to expire September 3, 2029

Appoint Skylar Phillips to the BEHAVIORAL HEALTH ADVISORY BOARD (BHAB), COUNTY OF SAN DIEGO, Seat 8, for a term to expire March 24, 2029

Appoint Kelly Elmore to JAMUL-DULZURA COMMUNITY PLANNING GROUP, Seat 7, for a term to expire January 8, 2029

Appoint Susan Roberts-Egley to the LAKESIDE COMMUNITY PLANNING GROUP, Seat 13, to complete the unexpired term, set to expire January 8, 2029

Re-appoint Susan Madison to the PERSONS WITH DISABILITIES, COMMITTEE FOR, Seat 4, for a term to expire January 8, 2029

BACKGROUND

Susan Roberts-Egley
Lakeside 92040

Kelly Elmore
Jamul 91935

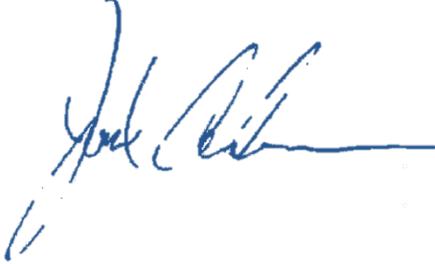
Susan Madison
San Diego 92128

James Lund
Escondido 92025

SUBJECT: VARIOUS APPOINTMENTS (DISTRICT: 2)

Skylar Phillips
Santee 92071

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

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 (Lund), First Name (James), Name of Board (Assessment Appeals Board 1 (AAB)), and District (District 2).

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

Section asking for principal areas of interest in County Government, with the example 'Assessment Appeals Board'.

Section for listing current County Boards, Commissions or Committees, with a checked box for 'Not a current member'.

Section for listing past County appointments with dates served, including Escondido Elementary School Board, State Bar, and City of Escondido.

STATEMENT OF OCCUPATIONAL EXPERIENCE

Law Office James E. Lund APC

Current Employer

Attorney President

Job Title

42 years

Length of Employment

Previous Employers	Position Title	Length of Employment
Higgs Fletcher and Mack	Attorney	2.5 years
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Real estate attorney #90596 for 45 years, real estate broker #01795427, San Diego County Superior Court former Judge Pro Tem 20+ years including presiding over one jury trial, SD Superior Mediator conducting about 36 court mediations, Northern San Diego County Association of Realtors, Professional Standards Hearing Officer for approximately 20 years, City of Escondido, several multi year projects including the Downtown Specific Plan, rewriting the Escondido General Plan and involvement with the Kit Carson Amphitheater(30 years). I have studied over one hundred real property appraisals, litigated construction defect lawsuits for 25 years, and represented approximately 1,8 million square feet of commercial real estate in San Diego County both in SD Superior Court (commercial unlawful detainers and other defaults) and creditor claims regarding the same properties in US Bankruptcy Court for 25 years.

Please list community organizations to which you belong:

Northern San Diego County Bar Association (NCBA 1,000 members) current member, former Real Estate Chair, Business Chair, Board, CFO, VP, and President (2006).. San Diego County BAR Association (SDCBA 10,000 members) Board and VP (2011). Rotary Escondido Past President. Formerly Boy Scouts of America, Escondido Chamber of Commerce (Board), Escondido Downtown Business Association, (Board), American Red Cross (Board)

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?

65-74 years old

What is your total income?

\$150,000 or greater

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.

James Lund

1/20/2026

Applicant's Signature

Date

CONTACT INFORMATION

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

Lund	James
<hr/> <i>Last Name</i>	<hr/> <i>First Name</i>
Assessment Appeals Board 1 (AAB)	District 2
<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/> [REDACTED]	<hr/> [REDACTED]	<hr/> [REDACTED]	<hr/> [REDACTED]
<i>Mailing Address (if different than home address)</i>	<i>City</i>	<i>State</i>	<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]	<hr/> [REDACTED]		
<i>Mobile Phone #</i>	<i>Business Phone #</i>		
<hr/> [REDACTED]			
<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

Form with fields for Last Name (phillips), First Name (skylar), Name of Board (Behavioral Health Advisory Board (BHAB), County Of San Diego), and District (District 2).

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 the response: Behavioral health and homelessness.

Section for listing current County Boards, Commissions or Committees, with a table 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 a table for Committee/Organization Name and Dates Served.

STATEMENT OF OCCUPATIONAL EXPERIENCE

ECTLC		
<hr/>		
<i>Current Employer</i>		
outreach director		3yrs
<i>Job Title</i>		<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?
lived experience and work experience from working as outreach director and interacting with community

Please list community organizations to which you belong:
ECTLC/ Genesis recovery/ Cast hope

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?
25-34 years old

What is your total income?
\$50,000 to \$74,999

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. 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. skylar phillips	2/24/2026
_____ <i>Applicant's Signature</i>	_____ <i>Date</i>

CONTACT INFORMATION

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

phillips	skylar
<i>Last Name</i>	<i>First Name</i>
Behavioral Health Advisory Board (BHAB), County Of San Diego	<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>

			
<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>			



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 (Elmore), First Name (Kelly), Name of Board (Jamul/Dulzura Community Planning Group), 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 text response area.

Form asking to list all County Boards, Commissions or Committees of which 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

Intuit

Current Employer

Director of Growth Strategy

9 years

Job Title

Length of Employment

Previous Employers

Position Title

Length of Employment

Chicken of the Sea

Brand Manager

2 years

SC Johnson

Assistant Brand Manager

2.5 years

California

California

California

California

California

California

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

I grew up in Jamul and my husband and I are raising our two young boys (ages 2 and 6) here. I am a business professional with over 13 years of experience. In my career my primary focus is within marketing, pricing, and consumer behavior. My husband is a small business owner as well. I believe combined all of these help me provide a unique point of view on how we can create an even stronger community in Jamul and shape the future.

Please list community organizations to which you belong:

Avocado Elementary PTA, Team Mom for both Jamul AYSO and Jamul Little League the last two years.

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?

35-44 years old

What is your total income?

\$150,000 or greater

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.	
Kelly Elmore	1/19/2026
_____	_____
<i>Applicant's Signature</i>	<i>Date</i>

CONTACT INFORMATION

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

Elmore	Kelly
<hr/> <i>Last Name</i>	<hr/> <i>First Name</i>
Jamul/Dulzura Community Planning Group	<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, 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: Kelly Gorn Date: 1/20/26

Print Name on Voter's Registration Form: Kelly Elmore
First Name Last Name

Community Planning/Sponsor Group Chair or Designated Representative Endorsement:

Group Chair:

As the current Chair of the JANUK-DULZURA 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: 1/27/2026

Print Name: ALVARO A. PROVENZIO Date Elected Chair: 1/6/2026

Email Address: [Redacted] Phone: [Redacted]

For Internal Use Only:

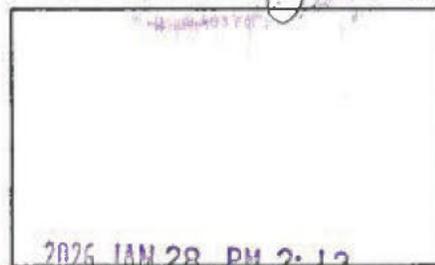
Registrar of Voters Confirmation:

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

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

ROV Date Stamp:

PDS-900 REV.: 02/15/2023



This is subject to the rules of disclosure. Not valid without current Chair's signature and ROV certification.

REC'D S.D. CO ROV



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 (Roberts-Egley), First Name (Susan), Name of Board (Lakeside Community Planning Group), and District (District 2).

Section asking if the 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, safety, education'.

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

Current Employer

Job Title

Length of Employment

Previous Employers	Position Title	Length of Employment
Grossmont Union High School District	Business Services Coordinator	1986- 2017
	Career Counselor/ Instructor/ Case Manager	
	Computer Lab Operator	

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

I have worked in the East County region since 1986 with the Business community in various capacities with excellent skills marketing, networking, business development, ,career counseling , events, recruiting & training. In the past I was also the President of an HOA in a Santee condo development. . In 2017, I moved into the beautiful Lakeside and feel passionate about supporting the well being of the Lakeside Community.

Please list community organizations to which you belong:

San Diego East County Chamber of Commerce //Chair of the Veterans East County Alliance (VECA) 2019- present El Cajon Elks 2020-present San Diego Parrot Head Club 2000- present RWCNC / VP of Programs 2023-present

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?

65-74 years old

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. 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.

Susan Roberts-Egley

1/17/2026

Applicant's Signature

Date

CONTACT INFORMATION

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

Roberts-Egley	Susan
<i>Last Name</i>	<i>First Name</i>
Lakeside 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]	[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]			
<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, 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: *Susan Roberts-Egley* Date: Jan. 22, 2026
Print Name on Voter's Registration Form: Susan Roberts-Egley
First Name Last Name

Community Planning/Sponsor Group Chair or Designated Representative Endorsement:

Group Chair:

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

Signature: *Carol Hake* Date: 1/20/2026
Print Name: Carol Hake Date Elected Chair: Jan 2022
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 Lakeside Community Planning/Sponsor Group for which he/she seeks to be appointed.

Voter ID # 1040981 Signed: *[Signature]*
Deputy Registrar of Voters

ROV Date Stamp:



2026 JAN 28 PM 2:12
REC'D S.D. CO ROV

PDS-900 REV.: 02/15/2023

This document is subject to the rules of disclosure. Not valid without Chair's signature and ROV certification.



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 (Madison), First Name (Susan), Name of Board, Committee, or Commission to Which You are Applying for Membership (Persons With Disabilities, Committee For), and Supervisorial District You Live In (District 3).

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 an example of '*Conversion*'.

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

Conversion

Current Employer

Job Title _____ *Length of Employment* _____

Previous Employers	Position Title	Length of Employment
Conversion	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Conversion

Please list community organizations to which you belong:

Conversion

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.

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

Susan Madison _____ 5/8/2023 _____

Applicant's Signature _____ *Date* _____

CONTACT INFORMATION

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

Madison	Susan
<hr/> <i>Last Name</i>	<hr/> <i>First Name</i>
Persons With Disabilities, Committee For	<hr/> <i>District 3</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>			



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

AGENDA ITEM

DATE: March 24, 2026

TO: BOARD OF SUPERVISORS

SUBJECT: VARIOUS APPOINTMENTS

Recommendation:
SUPERVISOR JIM DESMOND

Appoint Sondra Boddy to the BORREGO SPRINGS SPONSOR GROUP, Seat 9, to complete the unexpired term, set to expire January 8, 2029

Appoint Gary Brennan to the FISH AND WILDLIFE ADVISORY COMMISSION, SAN DIEGO COUNTY, Seat 9, to complete the unexpired term, set to expire January 4, 2027

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

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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 (Boddy), First Name (Sondra), Name of Board (Borrego Springs Sponsor 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 the example 'Land Use and the Environment'.

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

Axiom Law

Current Employer

Corporate Counsel

Job Title

2.5 years

Length of Employment

Previous Employers

Position Title

Length of Employment

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

Professional Certificate in Urban Planning and Development (UCSD Extension) 30+ years of experience as a California-licensed attorney 3+ years as a Commissioner on the Carlsbad Planning Commission 1+ years as a Commissioner on the Carlsbad Housing Commission Former Co-Chair of the San Diego County Bar Association Environmental Law Section Former Secretary of the San Diego Stanford Club

Please list community organizations to which you belong:

Anza-Borrego Desert Natural History Association (ABDNHA) Anza-Borrego Desert Foundation

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?

65-74 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. 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.	
Sondra Boddy	11/2/2025
_____	_____
<i>Applicant's Signature</i>	<i>Date</i>

CONTACT INFORMATION

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

Boddy	Sondra
<i>Last Name</i>	<i>First Name</i>
Borrego Springs Sponsor 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]	[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>
		CA	
<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>		
[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: Sandra Boddy Date: 11/3/2025
Print Name on Voter's Registration Form: SONDRA BODDY
First Name Last Name

Community Planning/Sponsor Group Chair or Designated Representative Endorsement

Group Chair:

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

Signature: John Peterson Date: 11/4/25
Print Name: John Peterson Date Elected Chair: Dec 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 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

2025 NOV -4 PM 2: 08

PDS-900 REV.: 02/15/2023

REC'D S.D. CO ROV

This application is a public record and is subject to the rules of the Public Information Act. Not valid for appointment without current Chair's signature and 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)

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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 (Brennan), First Name (Gary), Name of Board (Fish And Wildlife Advisory Commission, San Diego County), and District (District 2).

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

Form asking for principal areas of interest in County Government, with a handwritten response: Many interests but the main interest in the FWAC seats.

Form asking for current County Boards, Commissions or Committees, with a checked box for 'Not a current member' and a table for listing them.

Form asking for past County appointments with dates served, with a checked box for 'Not a current member' and a table for listing them.

STATEMENT OF OCCUPATIONAL EXPERIENCE

Maritime Institute

Current Employer

Government Vessel Chair and Instructor

6.5 years

Job Title

Length of Employment

Previous Employers	Position Title	Length of Employment
USDA Animal Plant Health Inspection Service	Biological Science Technician	6 years
CA Dept of Park and Recreation	State Park Peace Officer/Ranger	10 years
US Navy	Afloat Department Head/Deck Officer	25 years
_____	_____	_____
_____	_____	_____

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

I have worked with the FWAC for years as a grant participant. I have also assisted other groups in applying for FWAC grants. I am on my tenth year as the President of the San Diego County Wildlife Federation, and I have worked with CA DFW, the County and the State on issues related to fish and game, access and habitats. I also run the federation, a coalition of angling, hunting and dog clubs as well as three outdoor shooting ranges so I know issues facing these groups. When I worked for the USDA, my job was feral pig removal in the county and as such, I had access to the entire county and worked with both government and NGO organizations.

Please list community organizations to which you belong:

President of the San Diego County Wildlife Federation, Legislative chair for the San Diego Chapter of Safari Club International, Life member of CA Coastal Conservation Association, Board member for the California Rifle and Pistol Association (CRPA). CRPA Hunting Conservation Committee and member of the California Hunting Conservation Coalition and CA Gamebird Heritage Committee. Life Member California Waterfowl Association, Life Member Pheasants Forever, Live Member Rocky Mountain Elk Foundation, Member of National Wild Turkey Federation, Live member of Ramona VFW, American Legion and Military Officers Association. CA Hunter Education Instructor (26 years).

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?

65-74 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. 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.

Gary Brennan

1/27/2026

Applicant's Signature

Date

CONTACT INFORMATION

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

Brennan	Gary
<hr/> <i>Last Name</i>	<hr/> <i>First Name</i>
Fish And Wildlife Advisory Commission, San Diego County	<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/> 	<hr/> 	<hr/> 	<hr/> 
<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/> 	<hr/> <i>Business Phone #</i>		
<hr/> <i>Mobile Phone #</i>	<hr/> <i>Business Phone #</i>		
<hr/> 	<hr/> <i>Business Phone #</i>		
<hr/> <i>E-Mail Address</i>			



SAN DIEGO COUNTY Fire Chiefs Association

February 6, 2026

VIA EMAIL:

**2025-2026
Executive Board**

Dave McQuead
President
Rancho Santa Fe FPD

Ken Kremensky
Vice President
Barona Fire

Mike Sims
Secretary
Bonita Sunnyside FPD

Brian Boggeln
Treasurer
Alpine FPD

Chip Duncan
Member at Large
Rincon Fire

Nicole del Toro
Administrative Secretary III
San Diego County EMS - EMCC
PO Box 231309
San Diego, CA 91293-1309

Re: EMCC – SDCFCA 2026 Representative.

Dear Nicole,

This letter serves as notification that the San Diego County Fire Chiefs Association voted at the February 5, 2026, meeting the following Chief Officer as the alternate representative to the Emergency Medical Care Committee (EMCC).

Alternate Representative: (Seat 14)

Chief Nate Pearson, Carlsbad Fire



Sincerely,

Dave McQuead
SDCFCA President.

CC. Andy Parr, EMS Administrator.



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 (Pearson), First Name (Nathan), Name of Board (Emergency Medical Care Committee), and District (District 3).

Section asking if the 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 'Emergency Services' listed.

Section for listing current County Boards, Commissions or Committees, with one entry for San Diego County EMS Base Station Redesign Steering Committee.

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

STATEMENT OF OCCUPATIONAL EXPERIENCE

Carlsbad Fire Department	
<hr/>	
<i>Current Employer</i>	
Division Chief	21 years
<i>Job Title</i>	<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?
25 years of experience in Emergency Services including Emergency Medical Services. Serving in all ranks from single role paramedic to the Division Chief overseeing EMS and Training for our department. I also sit on multiple professional committees and boards that support the delivery of EMS across the region and state.

Please list community organizations to which you belong:
San Diego County Fire Chiefs Assoc. - EMS Section (Co-chair) SD North Zone EMS committee (Chair) CalChiefs EMS Section (president) Trauma Intervention Program (Vice President) Carlsbad Fire Department Foundation (Dept. Liaison)

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?
45-54 years old

What is your total income?
\$150,000 or greater

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.

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By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.	
Nathan Pearson	2/10/2026
_____	_____
<i>Applicant's Signature</i>	<i>Date</i>

CONTACT INFORMATION

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

Pearson	Nathan
<hr/> <i>Last Name</i>	<hr/> <i>First Name</i>
Emergency Medical Care Committee	District 3
<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>
Same			
<i>Mailing Address (if different than home address)</i>	<i>City</i>	<i>State</i>	<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>			



HEALTH AND HUMAN SERVICES AGENCY

1600 PACIFIC HIGHWAY, ROOM 206, SAN DIEGO, CALIFORNIA 92101-2417
(619) 515-6555

ELIZABETH A. HERNANDEZ, Ph.D.
INTERIM DEPUTY CHIEF
ADMINISTRATIVE OFFICER

PATTY KAY DANON
CHIEF OPERATIONS OFFICER

COSD CLERK OF THE BOARD
2026 FEB 20 PM2:37

December 18, 2025

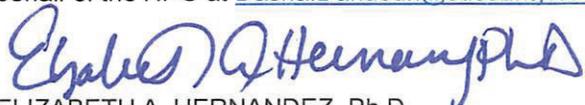
TO: Andrew Potter
Clerk of the Board of Supervisors

FROM: Elizabeth A. Hernandez, Ph.D., Interim Deputy Chief Administrative Officer
Health and Human Services Agency

APPOINTMENT TO HIV PLANNING GROUP

1. **Action Requested:** Recommend the following individuals for appointment to the HIV Planning Group (HPG) by the San Diego County Board of Supervisors (Board):
 - a. Leroy Blea as the State Government, California Department of Public Health (CDPH), Office of AIDS (OA) Part B Representative (Seat #29), for a first four-year term. This seat was vacated before the end of the term and is considered a partial-term seat. It will end on 3/12/2027.
 - b. Kalee Garland as the General Member (Seat #14), for a first four-year term.
 - c. Cinnamen Kubricky as the General Member (Seat #4), for a second 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. Leroy Blea, Kalee Garland, and Cinnamen Kubricky have been recommended for appointment by the HPG.
3. **Reason for Requested Action and Impact:**
 - a. The recommended candidates must be appointed by the Board in accordance with the HPG Bylaws.
 - b. These appointments 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 increases access for individuals and communities to use their voice, their vote, and their experience to impact change. This effort also supports our ongoing commitment to the regional *Live Well San Diego* vision, by building a better service delivery system.

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


ELIZABETH A. HERNANDEZ, Ph.D.
Interim Deputy Chief Administrative Officer
Health and Human Services Agency



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.

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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

Garland Kalee Samantha
Last Name First Name
HIV Planning Group, County Of San Diego District 1
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?
See attached

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/>	<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?

See attached

Please list community organizations to which you belong:

See attached

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?

35-44 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

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

Kalee Samantha Garland

2/27/2026

Applicant's Signature

Date

CONTACT INFORMATION

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

Garland	Kalee Samantha
<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>
<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

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Form with fields for Last Name (Blea), First Name (Leroy), Name of Board, Commission, or Committee to Which You are Applying for Membership (HIV Planning Group, County Of San Diego), 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 answer 'See attached'.

Section for listing current county boards, commissions, or committees, with a table 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 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>

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

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

See attached

Please list community organizations to which you belong:

See attached

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?

55-64 years old

What is your total income?

Decline to state

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By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.	
Leroy Blea	2/27/2026
_____	_____
<i>Applicant's Signature</i>	<i>Date</i>

CONTACT INFORMATION

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

Blea	Leroy
<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>
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<hr/> <i>Mobile Phone #</i>	<hr/> <i>Business Phone #</i>		
<hr/> <i>E-Mail Address</i>			