



Monica Montgomery Steppe

SUPERVISOR, FOURTH DISTRICT
San Diego County Board Of Supervisors

DATE: May 6TH, 2025

TO: BOARD OF SUPERVISORS

SUBJECT: Appointment to Various BOARDS, COMMISSIONS, AND COMMITTEES

Recommendation:

SUPERVISOR MONICA MONTGOMERY STEPPE

Appoint Paul Houston to the COMMITTEE FOR PERSONS WITH DISABILITIES, Seat No. 8, for a term to expire January 04, 2027.

Background information:

Paul Houston



Respectfully submitted,

A handwritten signature in blue ink, which appears to read "Monica Steppe", is written below the "Respectfully submitted," text.

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

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

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

County boards, commissions, and committees meet at times mutually satisfactory to the members. Day meetings are more common than evening meetings. Will you be able to schedule your time accordingly? ☒ Yes ☐ No

Please list any time restrictions

What are your principal areas of interest in County Government?

To advocate, educate, and assist in providing resources of leadership/mentorship and guidance needs for each person with a disability to succeed at their highest level physically, mentally, socially, economically, and emotionally.

List all County Boards, Commissions or Committees of which you are a current member.

Not a current member ☐

Committee Name	Date Appointed
Deacon Board	2010
South East Alano Club	2024
Cail Strong Advisory Board	2024

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

Acadia Healthcare

Current Employer

Counselor

9 months

Job Title

Length of Employment

Previous Employers	Position Title	Length of Employment
RJ Donovan Department of Corrections and Rehabilitation	Supervising Counselor	3 years
House of Metamorphosis	Intake - Admissions/Case Management	3 years
Volunteers of America	Counseling Supervisor Residential Multi-Service Center	3 years
Volunteers of America	Program Manager Residential Multi-Service Center	3 years

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

20 years' experience as a trainer/facilitator in criminal justice and behavioral health. 15 years management experience implementation of program services 10 years experience in providing behavioral health coaching, training, and leadership Graduate 2000- Able Disabled Advocacy, San Diego, CA

Please list community organizations to which you belong:

South East Alano Club Cail Strong Advisory Board Deacon Board

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?

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

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.	
Paul Houston	4/14/2025
_____ <i>Applicant's Signature</i>	_____ <i>Date</i>

CONTACT INFORMATION

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

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

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



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

AGENDA ITEM

DATE: May 6, 2025

TO: BOARD OF SUPERVISORS

SUBJECT: Appointment to CIVIL SERVICE COMMISSION, Seat No.5

Recommendation:
SUPERVISOR JIM DESMOND

Appoint Laura Bassett to the CIVIL SERVICE COMMISSION, Seat No.5 for a term to expire January 7, 2030.

Respectfully submitted,

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

JIM DESMOND
Supervisor, Fifth District

SUBJECT: (District: 5)

**BOARD OF SUPERVISORS
AGENDA ITEM INFORMATION SHEET**

CONCURRENCE(S)

COUNTY COUNSEL REVIEW

Written Disclosure per County Charter
Section 1000.1 Required

☒ Yes

☐ Yes ☒ No

GROUP/AGENCY FINANCE DIRECTOR

☐ Yes ☒ N/A

CHIEF FINANCIAL OFFICER

Requires Four Votes

☐ Yes ☒ N/A

☐ Yes ☒ No

**GROUP/AGENCY INFORMATION
TECHNOLOGY DIRECTOR**

☐ Yes ☒ N/A

COUNTY TECHNOLOGY OFFICE

☐ Yes ☒ N/A

DEPARTMENT OF HUMAN RESOURCES

☐ Yes ☒ N/A

Other Concurrence(s):

N/A

ORIGINATING DEPARTMENT:

Jim Desmond
Supervisor, Fifth District

CONTACT PERSON:

Marisol Edrozo

Name

619-531-5555

Phone

619-685-2555

Fax

A-500

Mail Station

Marisol.Edrozo@sdcounty.ca.gov

E-Mail

AUTHORIZED REPRESENTATIVE:



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

Bassett	Laura
_____ Last Name	_____ First Name
Civil Service Commission	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? ☒ Yes ☐ No

Please list any time restrictions

What are your principal areas of interest in County Government?

Making sure people in the county are treated fairly and are treated with respect on an equal and unbiased basis.

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

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 ☒

Committee/Organization Name	Dates Served
_____	_____
_____	_____
_____	_____

STATEMENT OF OCCUPATIONAL EXPERIENCE

Self-employed

Current Employer

Professional Fiduciary

14 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?

I am a licensed professional fiduciary which has allowed me to be an unbiased, neutral third party in many complicated matters involving various parties. I am also a court approved conservator which has proven to show me how to deal with people fairly and equally.

Please list community organizations to which you belong:

Elected Republican Central Committee member Oceanside Chamber of Commerce
Ambassador House manager and volunteer for the Star Theater in Oceanside

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?

\$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.

Laura Bassett

4/8/2025

Applicant's Signature

Date

CONTACT INFORMATION

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

Bassett		Laura	
<hr/>		<hr/>	
<i>Last Name</i>		<i>First Name</i>	
Civil Service Commission		District 5	
<hr/>		<hr/>	
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>		<i>Supervisory District You Live In</i>	

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



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

AGENDA ITEM

DATE: May 6, 2025

TO: BOARD OF SUPERVISORS

SUBJECT: Appointment to the FALLBROOK AIRPARK ADVISORY COMMITTEE
Seat No.3

Recommendation:
SUPERVISOR JIM DESMOND

Appoint Thomas Bowman to the FALLBROOK AIRPARK ADVISORY COMMITTEE
SEAT NO.3 for a term to expire January 4, 2027.

Respectfully submitted,

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

JIM DESMOND
Supervisor, Fifth District

SUBJECT: (District: 5)

**BOARD OF SUPERVISORS
AGENDA ITEM INFORMATION SHEET**

CONCURRENCE(S)

COUNTY COUNSEL REVIEW

Written Disclosure per County Charter
Section 1000.1 Required

☒ Yes

☐ Yes ☒ No

GROUP/AGENCY FINANCE DIRECTOR

☐ Yes ☒ N/A

CHIEF FINANCIAL OFFICER

Requires Four Votes

☐ Yes ☒ N/A

☐ Yes ☒ No

**GROUP/AGENCY INFORMATION
TECHNOLOGY DIRECTOR**

☐ Yes ☒ N/A

COUNTY TECHNOLOGY OFFICE

☐ Yes ☒ N/A

DEPARTMENT OF HUMAN RESOURCES

☐ Yes ☒ N/A

Other Concurrence(s):

N/A

ORIGINATING DEPARTMENT:

Jim Desmond
Supervisor, Fifth District

CONTACT PERSON:

Marisol Edrozo

Name

619-531-5555

Phone

619-685-2555

Fax

A-500

Mail Station

Marisol.Edrozo@sdcounty.ca.gov

E-Mail

AUTHORIZED REPRESENTATIVE:



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

Bowman	Thomas
<u>Last Name</u>	<u>First Name</u>
Fallbrook Airpark Advisory Committee	District 5
<u>Name of Board, Committee, or Commission to Which You are Applying for Membership</u>	<u>Supervisorial District You Live In</u>

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?

Anything beneficial to my community.

List all County Boards, Commissions or Committees of which you are a current member.

Not a current member ☒

Committee Name

Date Appointed

<u></u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>

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

<u></u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>

STATEMENT OF OCCUPATIONAL EXPERIENCE

Federal Aviation Administration

Current Employer

Air Traffic Control Specialist

17 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?

I am an air traffic controller at Palomar Airport in Carlsbad, CA. Nearly two decades of experience as a controller in North San Diego County gives me a unique perspective on air traffic and airport operations in the region.

Please list community organizations to which you belong:

I am not currently a member of any community organization.

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?

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.

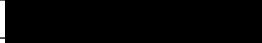
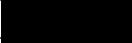



Membership qualifications for all County Boards, Commissions and Committees may be accessed through the Clerk of the Board’s website at www.sandiegocounty.gov/cob/bcac/ or by calling (619) 531-5600. This Application will be considered complete when such requirements are provided by the applicant.

By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.	
Thomas Bowman	3/28/2025
<hr/> Applicant's Signature	<hr/> Date

CONTACT INFORMATION

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

Bowman	Thomas
<i>Last Name</i>	<i>First Name</i>
Fallbrook Airpark Advisory Committee	<i>District 5</i>
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<i>Supervisory 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>			



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

AGENDA ITEM

DATE: May 6, 2025

TO: BOARD OF SUPERVISORS

SUBJECT: Appointment to the HIDDEN MEADOWS COMMUNITY SPONSOR GROUP, Various Seats.

Recommendation:
SUPERVISOR JIM DESMOND

Appoint Michael Richman to the HIDDEN MEADOWS COMMUNITY SPONSOR GROUP, Seat No.1 for a term to expire 01/08/2029.

Appoint Robert Riha to the HIDDEN MEADOWS COMMUNITY SPONSOR GROUP, Seat No.6 for a term to expire 01/04/2027.

Appoint Edward Van Liew to the HIDDEN MEADOWS COMMUNITY SPONSOR GROUP, Seat No.7 for a term to expire 01/08/2029.

Respectfully submitted,

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

JIM DESMOND
Supervisor, Fifth District

SUBJECT: (District: 5)

**BOARD OF SUPERVISORS
AGENDA ITEM INFORMATION SHEET**

CONCURRENCE(S)

COUNTY COUNSEL REVIEW

Written Disclosure per County Charter
Section 1000.1 Required

☒ Yes

☐ Yes ☒ No

GROUP/AGENCY FINANCE DIRECTOR

☐ Yes ☒ N/A

CHIEF FINANCIAL OFFICER

Requires Four Votes

☐ Yes ☒ N/A

☐ Yes ☒ No

**GROUP/AGENCY INFORMATION
TECHNOLOGY DIRECTOR**

☐ Yes ☒ N/A

COUNTY TECHNOLOGY OFFICE

☐ Yes ☒ N/A

DEPARTMENT OF HUMAN RESOURCES

☐ Yes ☒ N/A

Other Concurrence(s):

N/A

ORIGINATING DEPARTMENT:

Jim Desmond
Supervisor, Fifth District

CONTACT PERSON:

Marisol Edrozo

Name

619-531-5555

Phone

619-685-2555

Fax

A-500

Mail Station

Marisol.Edrozo@sdcounty.ca.gov

E-Mail

AUTHORIZED REPRESENTATIVE:



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

Richman	Michael
_____ Last Name	_____ First Name
Hidden Meadows Community Sponsor Group	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? ☒ 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 ☒ _

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 ☒ _

Committee/Organization Name

Dates Served

_____	_____
_____	_____
_____	_____
_____	_____

STATEMENT OF OCCUPATIONAL EXPERIENCE

SEE ATTACHED

Current Employer

Job Title

Length of Employment

Previous Employers

Position Title

**Length of
Employment**

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

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

SEE ATTACHED

Please list community organizations to which you belong:

SEE ATTACHED

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 Richman

6/18/2024

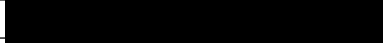
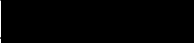



Applicant's Signature

Date

CONTACT INFORMATION

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

Richman	Michael
<i>Last Name</i>	<i>First Name</i>
Hidden Meadows Community Sponsor Group	<i>District 5</i>
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<i>Supervisory 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, 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: Michael Richman

Date: September 26, 2024

Print Name on Voter's Registration Form: Michael
First Name

Richman
Last Name

Community Planning/Sponsor Group Chair or Designated Representative Endorsement:

Group Chair:

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

Signature: Paul M. Hogan

Date: September 26, 2024

Print Name: Paul M. Hogan

Date Elected Chair: January 24, 2024

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 Hidden Meadows Community Planning/Sponsor Group for which he/she seeks to be appointed.

Voter ID # 1040695

Signed: Amber Sathian
Deputy Registrar of Voters

ROV Date Stamp:

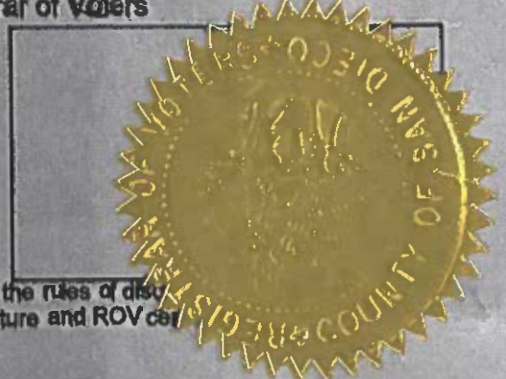
2024 OCT 22 AM 11:05

REC'D S.D. CO ROV

PDS-600 REV.: 02/15/2023

2024 OCT 22 AM 11:05

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





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

Riha	Robert
_____ Last Name	_____ First Name
Hidden Meadows Community Sponsor Group	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? ☒ 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 ☐

Committee Name

Date Appointed

see attached

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

see attached

STATEMENT OF OCCUPATIONAL EXPERIENCE

see attachedsee attached

Current Employer

Job Title

Length of Employment

Previous Employers

Position Title

Length of
Employment

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

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

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.

Robert Riha

9/16/2024

Applicant's Signature

Date

CONTACT INFORMATION

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

Riha	Robert
<i>Last Name</i>	<i>First Name</i>
Hidden Meadows Community Sponsor Group	<i>District 5</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>
<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>
[REDACTED]			
<i>Home Phone #</i>	<i>Business Phone #</i>		
<i>Mobile Phone #</i>	<i>Business Phone #</i>		
[REDACTED]			
<i>E-Mail Address</i>			



County of San Diego, Planning & Development Services

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

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

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

Planning or Sponsor Group Name: Hidden Meadows Community Sponsor Group

Applicant Name: Robert Riha Supervisorial District: 5

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

Name of BCC: None

Date Appointed:

Specialized Experience or Knowledge:

Lifelong San Diego County resident and past managing Director and President/CEO of a Southern California based Geo-Environmental engineering/consulting firm. Work included research and development of pertinent documents for EIR/CEQA submittals as well as geologic hazards and geotechnical design. Participated in City, County and State level review of planned residential developments, commercial projects, County and City parks and trail systems, State highway, local roadways and DSA/OSHPD-HCAI educational facilities (K-12) and hospital projects.

Occupational Experience:

Employer	Position Title	Dates of Employment
Current: <u>Verdantas/Leighton</u>	<u>Sr. Principal</u>	<u>3/1/23 to present (part time/retiring transition)</u>
Past: <u>Leighton Group Inc.</u>	<u>Various - past President and CEO</u>	<u>1985 - 2/28/23</u>

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

I have over 35 years of professional responsibility to provide geotechnical input for numerous built projects throughout Southern California. My career has provided vast experiences in reviewing project documents from architectural renderings to detailed civil, structural, and architectural plans and specifications. My experience also includes meeting with County, City and State level planners and staff. I have knowledge of general planning requirements and an eye for practical concerns and solutions. I am a good listener and prefer to have all the facts when making decisions.



County of San Diego, Planning & Development Services

APPLICATION FOR APPOINTMENT TO A PLANNING OR
SPONSOR GROUP VACANCY

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

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

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

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

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

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

Signature: [Signature] Date: 12/11/2023

Print Name on Voter's Registration Form: Robert Riha
First Name Last Name

Community Planning/Sponsor Group Chair or Designated Representative Endorsement:

Group Chair:

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

Signature: James Chagala Date: 2/1/24 Print Name

James Chagala Date Elected Chair: 12/5/19 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 Hidden Meadows Community Planning/Sponsor Group for which he/she seeks to be appointed.

Voter ID # 965152 Signed: [Signature]
Deputy Registrar of Voters

ROV Date Stamp:

2024 FEB -2 P 1:00
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

Van Liew	Edward
Last Name	First Name
Hidden Meadows Community Sponsor Group	District 5
Name of Board, Committee, or Commission to Which You are Applying for Membership	Supervisory 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? ☒ Yes ☐ No

Please list any time restrictions

What are your principal areas of interest in County Government?

Planning and land usage

List all County Boards, Commissions or Committees of which you are a current member.

Not a current member ☐

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 ☐

Committee/Organization Name

Dates Served

STATEMENT OF OCCUPATIONAL EXPERIENCE

Self employed/retired

Current Employer

Inventor

6 Years

Job Title

Length of Employment

Previous Employers	Position Title	Length of Employment
Foxconn	Sr. Director of R&D/ VP of Innovation	7 year
Hewlett Packard	Senior Director of Quality Engineering	22 years
CA	CA	CA
CA	CA	CA

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

Problem solving, leadership, innovation, process control, and common sense.

Please list community organizations to which you belong:

Escondido Creek Conservancy - Board Member

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.

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.

Edward Van Liew

2/12/2025

Applicant's Signature

Date

CONTACT INFORMATION

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

Van Liew	Edward
<hr/>	<hr/>
<i>Last Name</i>	<i>First Name</i>
Hidden Meadows Community Sponsor Group	District 5
<hr/>	<hr/>
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<i>Supervisory District You Live In</i>

<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>	<i>City</i>	<i>State</i>	<i>Zip</i>
<hr/>		CA	<hr/>
<i>Business Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<hr/>			
<i>Home Phone #</i>	<i>Business Phone #</i>		
<hr/>			
<i>Mobile Phone #</i>	<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: [Signature]

Date: 1/3/2025

Print Name on Voter's Registration Form: EDWARD
First Name

VAN LIEW
Last Name

Community Planning/Sponsor Group Chair or Designated Representative Endorsement:

Group Chair:

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

Signature: [Signature]

Date: 03/28/2025

Print Name: Bret A. Sealey

Date Elected Chair: 01/23/2025

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 Hidden Meadows
Community Planning/Sponsor Group for which he/she seeks to be appointed.

Voter ID # 501177

Signed: [Signature]
Deputy Registrar of Voters

ROV Date Stamp:

2025 APR -4 AM 9:41
PDS-900 REV.: 02/15/2023

REC'D S-D CO ROV

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





DEPARTMENT OF ENVIRONMENTAL HEALTH AND QUALITY

AMY HARBERT
DIRECTOR

P.O. Box 129261, San Diego, CA 92112-9261
(858) 505-6700 or (800) 253-9933
www.sdcdehq.org

HEATHER BUONOMO
DIRECTOR OF ENVIRONMENTAL HEALTH

April 16, 2025

TO: Andrew Potter (MS: A-45)
Clerk of the Board of Supervisors

FROM: Amy Harbert, Director
Director of Environmental Health and Quality

ENVIRONMENTAL HEALTH ADVISORY BOARD APPOINTMENT

In accordance with County Administrative Code Article XV-A, Section 249.1, the Director of the Department of Environmental Health and Quality (DEHQ) would like to nominate for the Board of Supervisors' consideration, Laurie Walsh for appointment to a three-year term to the Environmental Health and Quality Advisory Board (EHQAB). Laurie Walsh is being recommended to fill Seat Number 16 as State Agencies representative.

Laurie Walsh works for California Regional Water Quality Control Board, San Diego Region. She has over 30 years experience in regulating discharges of waste to waters of the state for the protection of public health and the environment. She understands regulation and compliance and is knowledgeable in how standards are set, implemented, and enforced. She has experience working with the public and is knowledgeable in how to communicate water quality data to elected and governing boards, the regulated community, and the public.

If I can be of further assistance, please contact me at [REDACTED].

Respectfully,

Amy Harbert, Director

AH/amb

cc: Dahvia Lynch, Deputy Chief Administrative Officer, Land Use and Environment Group
Madison O'Barr, CAO Staff Officer, Land Use and Environment Group



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

Walsh

Laurie

Last Name

First Name

Environmental Health and Quality Advisory Board, San Diego County

District 3

Name of Board, Committee, or Commission to Which You are Applying for Membership

Supervisory

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? ☒ Yes ☐ No

San Diego Water Board meetings occur the 2nd Wed of each month except Jan and July. I am unavailable on those days.

Please list any time restrictions

What are your principal areas of interest in County Government?

Environmental and Public Health Protection

List all County Boards, Commissions or Committees of which you are a current member.

Not a current member ☒

Committee Name

Date Appointed

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 ☒

Committee/Organization Name

Dates Served

Committee/Organization Name	Dates Served

STATEMENT OF OCCUPATIONAL EXPERIENCE

California Regional Water Quality Control Board, San Diego Region

Current Employer

Supervising Water Resource Control Engineer

32 years

Job Title

Length of Employment

Previous Employers

Position Title

Length of Employment

none

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

I have over 30 years experience in regulating discharges of waste to waters of the state for the protection of public health and the environment. I understand regulation and compliance. I am knowledgeable in how standards are set, implemented, and enforced. I have experience working with the public and am knowledgeable and experienced in how to communicate water quality data to Board members, the regulated community, and the public.

Please list community organizations to which you belong:

none

Please describe your ethnic origin:

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

Select the gender you identify as:

Female

What is your age?

45-54 years old

What is your total income?

Decline to state

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

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

Laurie Walsh

4/8/2025

Applicant's Signature

Date

CONTACT INFORMATION

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

Walsh		Laurie	
<hr/>		<hr/>	
<i>Last Name</i>		<i>First Name</i>	
Environmental Health and Quality Advisory Board, San Diego County		District 3	
<hr/>		<hr/>	
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>		<i>Supervisory District You Live In</i>	

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