# **JOEL ANDERSON**

SUPERVISOR, SECOND DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS

### **AGENDA ITEM**

DATE:

May 24, 2022

TO:

**BOARD OF SUPERVISORS** 

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

RECOMMENDATION(S): SUPERVISOR JOEL ANDERSON

Appoint Richard Loomis to the JESS MARTIN PARK ADVISORY COMMITTEE, Seat No. 1 for a term to expire January 6, 2025.

Appoint David Shorey to the JULIAN HISTORIC ARCHITECTURAL REVIEW BOARD, Seat No. 1 for a term to expire January 6, 2025.

### BACKGROUND INFORMATION:

**David Shorey** 

Respectfully submitted,

JOEL ANDERSON

Supervisor, Second District

#### **COUNTY OF SAN DIEGO**

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

SOUNTY OF SAN DIEGO 2021 NOV 19 PM 4: 36

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.

ERK OF THE BOATS OF ST(For Official Use Only)

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

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

| Loomis  | Richard                                |                                       |  |
|---|--|---------------------------------------|--|
| Last Name   | First Name                             |                                       |  |
|   | OMMITTEE                               | 2                                     |  |
| JESS MARTIN PARK ADVISORY COMMITTEE  Name of Board, Committee, or Commission to Which You are Applying for Membership |  | Supervisorial District<br>You Live In |  |
|   | •                                      | •                                     |  |
| Please list any time restrictions   |  |                                       |  |
| What are your principal areas of inter Volunteer  | rest in County Government?             |                                       |  |
| List all County Boards, Commissions   | or Committees of which you are a cur   | rent member.                          |  |
| Committee Name<br>N/A   |  | Date Appointed                        |  |
| List past County appointments with d service appointments.  | ates served, and other past or present | community or public                   |  |
| Committee/Organization Name N/A   |  | Dates Served                          |  |
|   |  |                                       |  |
|   |  |                                       |  |

# STATEMENT OF OCCUPATIONAL EXPERIENCE

| Sage Real Estate Company   |   |   |
|--|---|---|
| Current Employer   |   |   |
| Realtor  |   | 6 Months  |
| Job Title  |   | Length of Employment  |
|  |   |   |
| Previous Employers   | Position Title  | Length of Employment  |
| U.S. Census Bureau   | Enumerator  | 3 Months  |
| DeVry University   | Director of Admissions  | 8 Years   |
| Goal Finacial  | School Team Manager   | 4 Years   |
| Rongbranch Restaurant  | Manager   | 10 Years  |
|  |   |   |
| locals and became knowledge  | 39 I spent 10 years working at a local eable of the needs of the community.  Volunteer, I can give back to the community.   | As a full time resident,  |
| Please list community organiza Mt. Manna Food Distribution,  |   |   |
|  |   |   |
| Hearing Officer, Eye Gnat Ab<br>Commission, are required to<br>Activities Related to County I<br>www.sandiegocounty.gov/cont<br>information.<br>Membership qualifications for<br>the Clerk of the Board's webs | Pollution Control District Hearing Board patement Appeals Board, Fly Abatement submit evidence of their qualification Duties (Form 519) that can be found on tent/sdc/cob/forms.html. Candidates metall County Boards, Commissions and site at www.sandiegocounty.gov/cob/bcatcomplete when such requirements are p | at and Appeals Board and/or Planning and a Statement of Incompatible the Clerk of the Board's website at any be asked to provide additional Committees may be accessed through ac/ or by calling (619) 531-5600. This |
| By signing below, I declare that the knowledge.  | the information provided above is accura  |   |
| ~ ~  |   | 11-14-2021  |
| Applicant's Signature  |   | Bale  |

## **CONTACT INFORMATION**

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

| Loomis   | Richad             |                        |
|--|--------------------|------------------------|
| Last Name  | First Name         |                        |
| JESS MARTIN PARK   | ADVISORY COMMITTEE |                        |
| Name of Board, Committee, or Commission to Which You are Applying for Membership |                    | Supervisorial District |
|  |                    | You Live In            |

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

### **COUNTY OF SAN DIEGO**

COSD CLERK OF THE BOARD 2022 APR 29 AMS:05

# 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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| Shorey  | David                                |                                      |
|---|--------------------------------------|--------------------------------------|
| Last Name   | First Name                           |                                      |
| Architectural Review Roard - Julian   |                                      | 2                                    |
| Name of Board, Committee, or Commission to Wh   | ich You are Applying for Membership  | Supervisorial Distric<br>You Live In |
| County boards, commissions, and common than exaccordingly?  Please list any time restrictions | vening meetings. Will you be able to | . •                                  |
| What are your principal areas of interest<br>Historic Preservation, Planning, Public          | •                                    | on & Stewardship                     |
|   |                                      |                                      |
| List all County Boards, Commissions or  | · Committees of which you are a cur  | rent member.                         |
| Committee Name  |                                      | Date Appointed                       |
|   |                                      |                                      |
| N/A   |                                      |                                      |
|   | es served, and other past or present | community or public                  |
| List past County appointments with dat<br>ervice appointments.                                | es served, and other past or present | community or public                  |

| AT . THE AT A AATTA  |  |  |
|--|--|--|
| STATEMENT OF OCCUPA  | TIONAL EXPERIENCE  |  |
| Institute for Public Strategies  |  |  |
| Current Employer   |  |  |
| Program Manager  |  | 1/2019 - present   |
| Job Title  |  | Length of Employment   |
|  |  |  |
| Previous Employers   | Position Title   | Length of Employment   |
| Diversionary Theatre   | Development Associate  | 12/2016 - 1/2019   |
| Rady Children's Hospital   | Foundation Officer   | 9/2013 - 9/2015  |
| Securitas  | Assistant Account Manager (final)  | 10/2010 - 9/2013   |
|  |  |  |
|  |  |  |
|  |  |  |
| _ <del>-</del>   | edge can you bring to your area(s) of inte   |  |
|  | nning, land use, and community development issues. I serve   |  |
|  | 1998-2000). Previous employment includes a position at the   |  |
|  | CEQA, Land Use Planning, General Plan and Design   |  |
| or Arts degree in Government and a certific  | ate in Non-profit Management. I love Julian and want   | to neip preserve its nistory.  |
|  | MARK 49-4  |  |
|  |  |  |
| Please list community organizatio  | ns to which you belong:  |  |
| Please list community organization Julian American Legion  | ns to which you belong:  |  |
| Please list community organizatio Julian American Legion   | ns to which you belong:  |  |
|  | ns to which you belong:  |  |
|  | ns to which you belong:  |  |
|  | ns to which you belong:  |  |
|  | ns to which you belong:  |  |
| NOTE: Candidates for the Asses   | sment Appeals Board, County Hearing Offi   |  |
| NOTE: Candidates for the Asses Appeals Board, Fly Aba  | sment Appeals Board, County Hearing Offitement and Appeals Board and/or Planning   | Commission, are required   |
| NOTE: Candidates for the Asses Appeals Board, Fly Aba to submit evidence of the  | sment Appeals Board, County Hearing Offi<br>tement and Appeals Board and/or Planning<br>eir qualifications and a Statement of Incomp   | Commission, are required patible Activities Related to   |
| NOTE: Candidates for the Asses Appeals Board, Fly Aba to submit evidence of the County Duties (Form  | sment Appeals Board, County Hearing Offitement and Appeals Board and/or Planning eir qualifications and a Statement of Incomp 519) that can be found on the Clerk of   | Commission, are required patible Activities Related to f the Board's website at:   |
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| Shorey   | David                      |                                       |
|--|----------------------------|---------------------------------------|
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| Name of Board, Committee, or Commission to Which You a | re Applying for Membership | Supervisorial District<br>You Live In |

| Home Street Address                              | City             | State | Zip |
|--|------------------|-------|-----|
|  |                  |       |     |
| Mailing Address (if different than home address) | City             | State | Zip |
|  |                  |       |     |
| Business Street Address                          | City             | State | Zip |
|  |                  |       |     |
| Home Phone #                                     | Business Phone # |       |     |
|  |                  |       | 9   |
| Mobile Phone #                                   | Fax #            |       |     |
|  |                  |       |     |
| E-Mail Address                                   |                  |       |     |
|  |                  |       |     |