

SUPERVISOR, SECOND DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS

AGENDA ITEM

DATE: April 22, 2025

TO: Board of Supervisors

RE: SUBJECT: VARIOUS APPOINTMENTS (DISTRICT: 2)

RECOMMENDATION(S): SUPERVISOR JOEL ANDERSON

Appoint Thomas Yocom to ABANDONED VEHICLE ABATEMENT SERVICE AUTHORITY, Seat no. 2 for an indefinite term.

Re-Appoint Katrina Westley to JACUMBA HOT SPRINGS SPONSOR GROUP, Seat no. 5, for a term to expire January 8th 2029.

Appoint Mark Hartley to LAKESIDE COMMUNITY PLANNING GROUP, Seat no. 15, for a term to expire January 8th 2029.

Appoint Sam McGovern to CIVIL SERVICE COMMISSION, Seat no. 2, for a term to expire January 6th 2031.

Appoint Lauren Welty to CHILD AND FAMILY STRENGTHENING ADVISORY BOARD OF SAN DIEGO, Seat no. 3, For a term to expire January 8th 2029.

BACKGROUND

Thomas Yocom El Cajon 92020

Katrina Westley Jacumba, CA 91934

Mark Hartley Lakeside 92040

Sam McGovern

SUBJECT: VARIOUS APPOINTMENTS (DISTRICT: 2)

Lakeside 92040

Lauren Welty Ramona 92065

Respectfully submitted,

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

Yocom	Thomas	
Last Name	First Name	
Abandoned Vehicle Abatement Service Author	ity, San Diego	District 2
Name of Board, Committee, or Commission to V	Which You are Applying for Membership	Supervisorial District You Live In
County boards, commissions, and connembers. Day meetings are more conschedule your time accordingly?		
Please list any time restrictions		
Trouble not any time rectinations		
Law Enforcement Clean neighborhoods List all County Boards, Commissions	·	a current member.
Not a current member _□_	•	
Committee Name		Date Appointed
List past County appointments with doublic service appointments.	lates served, and other past or pre	esent community o
Not a current member		Datas Caminad
Committee/Organization Name		Dates Served

Previous Employers CA		PATIONAL EXPERIENCE	
Previous Employers CA	Auto Tech		
Previous Employers Position Title CA	Current Employer		
Previous Employers Position Title CA CA CA CA CA CA CA CA CA C	President		41 years
CA C	Job Title		Length of Employment
CA C	Provious Employers	Position Title	Langth of
CA C	Frevious Employers	rosition ritie	Employment
What experience or special knowledge can you bring to your area(s) of interest? Extensive knowledge of automobiles and vehicles of all kinds .Experience with pollution vehicles, some knowledge of solar Please list community organizations to which you belong: Automotive Service Council VP retired Please describe your ethnic origin: WHITE (not of Hispanic Origin): All persons having origins in any of the original peopleurope Select the gender you identify as: Male What is your age? 65-74 years old	CA	CA	CA
What experience or special knowledge can you bring to your area(s) of interest? Extensive knowledge of automobiles and vehicles of all kinds .Experience with pollution vehicles, some knowledge of solar Please list community organizations to which you belong: Automotive Service Council VP retired Please describe your ethnic origin: WHITE (not of Hispanic Origin): All persons having origins in any of the original peopleurope Select the gender you identify as: Male What is your age? 65-74 years old		CA	
Extensive knowledge of automobiles and vehicles of all kinds .Experience with pollution vehicles, some knowledge of solar Please list community organizations to which you belong: Automotive Service Council VP retired Please describe your ethnic origin: WHITE (not of Hispanic Origin): All persons having origins in any of the original people Europe Select the gender you identify as: Male What is your age? 65-74 years old hat is your total income?	CA	CA	CA
WHITE (not of Hispanic Origin): All persons having origins in any of the original people Europe Select the gender you identify as: Male What is your age? 65-74 years old hat is your total income?	Automotive Service Counci	VP retired	
Male What is your age? 65-74 years old hat is your total income?	WHITE (not of Hispanic Ori		any of the original peoples of
Male What is your age? 65-74 years old hat is your total income?		v16	
65-74 years old hat is your total income?		ntify as:	
65-74 years old hat is your total income?			
65-74 years old hat is your total income?			
	What is your age? 65-74 years old		
100 000 to \$140 000	hat 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 a best of my knowledge.	accurate and complete to the
Thomas Yocom	1/16/2025
Applicant's Signature	Date

Yocom		Thomas		
ast Name		First Name		
Abandoned Vehicle Abatement Service Authority, San Diego ame of Board, Committee, or Commission to Which You are Applying for Membership		District 2 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 #			
Mobile Phone #	Business Phone #			
F-Mail Address				

COUNTY OF SAN DIEGO

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

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Welty	Lauren	
Last Name	First Name	
Child And Family Strengthening Advisory Board of SD		District 2
Name of Board, Committee, or Commission to Which You	are Applying for Membership	Supervisorial District You Live In
County boards, commissions, and committee members. Day meetings are more common the schedule your time accordingly? Yes First Friday of every month at 12pm - Commission Please list any time restrictions	an evening meetings. Wil □ No	I you be able to
What are your principal areas of interest in Co Securing a fruitful future for my children, and all and beyond.		County of San Diego
List all County Boards, Commissions or Com	mittees of which you are	a current member.
Not a current member _□_	-	
Committee Name		Date Appointed
Commission on the Status of Women and Girls	0	3/2023
Ramona Community Planning Group	0	1/2023
List past County appointments with dates ser public service appointments. Not a current member _⊠_ Committee/Organization Name	ved, and other past or pro	esent community or Dates Served

	ENT OF OCCUPATION	ONAL EXPERIENCE	
Woodcre	st Homes, Inc.		
Current Er	mplover		
Develope			9 years
Job Title			Length of Employment
Previous	s Employers	Position Title	Length of Employment
The Arc	of San Diego	Residential House Supervisor	5 years
What ox	norioneo or enocial kno	wledge can you bring to your area	(s) of interest?
		use and its direct association to the	
		within the County of San Diego and r	
		ed for representation within our distric	
		ard but desperately need to me would	
	,	1	
Please I	st community organiza	tions to which you belong:	
		inning Group, CUDA Subcommittee.	
		s Elementary School Site Council an	d Ramona Unified School
_ District	District Representative, R	amona Soccer League President.	
NOTE:	Candidates for the As	sessment Appeals Board, County H	earing Officer Eve Chat
Abatemen		sessment Appeals Board, County 11	earing Officer, Lye Offat
, 1.5 G. G. 1.1 G. 1.		ement and Appeals Board and/or P	lanning Commission, are
		ence of their qualifications and a St	•
		ınty Duties (Form 519) that can be f	
		.sandiegocounty.gov/content/sdc/cok	
	may be asked to provide	additional information.	
	M - - - -	or for all County Brands Commissionis	
		ns for all County Boards, Commissio Jigh the Clerk of the	Board's website at
		v/cob/bcac/ or by calling (619) 531-50	
		when such requirements are provide	
	be considered complete	when sach requirements are provide	а бу по аррпоать.
By signir	ng below, I declare that the	e information provided above is accu	rate and complete to the
	ny knowledge.	•	•
Lauren W	/elty		8/6/2024

Date

Applicant's Signature

Welty		Lauren		
Last Name		First Name		
Child And Family Strengthening Advisory Board of SD			District 2	
Name of Board, Committee,	or Commission to Which \	ou are Applying for	Membership	Supervisorial District You Live In
Home Street Address		City	State	7:
Horrie Street Address		City	State	Zip
Mailing Address (if differen	t than home address)	City	State	Zip
Business Street Address		City	State	Zip
Home Phone #	Business Phone #			
Mobile Phone #	Business Phone #			
E-Mail Address				

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McGovern	Sam	
ast Name	First Name	
Civil Service Commission		District 2
Name of Board, Committee, or Commis	ssion to Which You are Applying for Membership	Supervisorial District You Live In
members. Day meetings are meschedule your time accordingly	and committees meet at times mutually ore common than evening meetings. Wiy? ⊠ Yes □ No	
Please list any time restrictions		
	the past, I'm interested in ensuring that civen the honored for their service to the community and their positions.	
disputes arise, everyone receive		
disputes arise, everyone receive		s; and that when
disputes arise, everyone receive List all County Boards, Commi Not a current member _□_	es an opportunity to be heard.	a current member.
disputes arise, everyone receive	es an opportunity to be heard.	s; and that when
disputes arise, everyone receive List all County Boards, Commi Not a current member _□_ Committee Name Lakeside Community Planning C	es an opportunity to be heard.	a current member. Date Appointed November 15, 2022
disputes arise, everyone receive List all County Boards, Commi Not a current member _□_ Committee Name Lakeside Community Planning C	issions or Committees of which you are Group	a current member. Date Appointed November 15, 2022

TATEMENT OF OCCUPATION	ONAL EXPERIENCE	
McGovern Law Group, APC		
Current Employer		
Managing Attorney/CEO		Appx. 5 years
Job Title		Length of Employment
Previous Employers	Position Title	Length of Employment
Martinsburg Police Department	Police Officer	5 years

As a police officer, I was employed by a municipal government and became very familiar with the challenges and responsibilities that come with public-sector employment. I was further tasked with resolving disputes for members of the public on a daily basis. I became highly skilled in evaluating multiple perspectives on an issue, providing a fair opportunity for each party to be heard, and determining the best course of action to resolve issues given all the facts at hand. After leaving my law enforcement employment to attend law school and start my own law firm, I became familiar with a variety of aspects of California law, best practices for ensuring due process of law, and rules of order for organizational meetings. I have been in the roles of employee and employer, and understand the challenges both face as well as the importance of fairness in the workplace.

Please list community organizations to which you belong:

Vice Chair of Government Affairs (Board of Directors), San Diego East County Chamber of Commerce; Vice Chair of the Board of Directors; Home of Guiding Hands; Member and Chamber of Commerce Liaison, Lakeside Community Planning Group; Member: Alpine Chamber of Commerce, Lakeside Chamber of Commerce, Santee Chamber of Commerce, and the Chula Vista Chamber of Commerce; Member and past Director, East County San Diego Bar Association; Member and incoming Committee Chair for Bequests and Living Trusts, El Cajon Elks Lodge #1812; Past Board Member, Crisis House.

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?	
\$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 a best of my knowledge.	accurate and complete to the
Sam McGovern	3/26/2025
Applicant's Signature	Date

McGovern		Sam		
Last Name		First Name		
Civil Service Commissi	on			District 2
Name of Board, Commit	tee, or Commission to Which \	ou are Applying fo	r Membership	Supervisorial District You Live In
Home Street Address		City	State	Zip
Mailing Address (if diffe	erent than home address)	City	State	Zip
Business Street Addres	ss	City	State	Zip
Home Phone #	Business Phone #			
Mobile Phone #	Business Phone #			
E-Mail Address				

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District 2 Supervisorial District You Live In mes mutually satisfactory to the meetings. Will you be able to rnment?
mes mutually satisfactory to the meetings. Will you be able to
mes mutually satisfactory to the meetings. Will you be able to
meetings. Will you be able to nment?
mon you are a current member.
Date Appointed 12/6/2022
12/6/2022
her past or present community o Dates Served 1/1/2021
1/1/2024

County of San Diego		
Current Employer		
Park Ranger		5 years
Job Title		Length of Employment
Previous Employers	Position Title	Length of Employment
UCSD Healthcare	Revenue & Clinical Trials Revenue Manager	10 years
What experience or special Financial, organizational, ma	knowledge can you bring to your ar anagerial, ethics and compliance skills.	ea(s) of interest?
	<u> </u>	
Please describe your ethnic WHITE (not of Hispanic Orig	nizations to which you belong: District - Chairman of the Board c origin: pin): All persons having origins in any or	the original peoples of
Jacumba Community Service Please describe your ethnice	e District - Chairman of the Board c origin: gin): All persons having origins in any or	the original peoples of
Please describe your ethnic WHITE (not of Hispanic Orig Europe	e District - Chairman of the Board c origin: gin): All persons having origins in any or	the original peoples of

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I	By signing below, I declare that the information provided above is	accurate and complete to the
	best of my knowledge. Katrina Westley	2/7/2025
	Applicant's Signature	Data
	Applicant's Signature	Date

First Name		71.154.5
		District 2
ou are Applying for	r Membership	Supervisorial District You Live In
City	State	Zip
City	State	Zip
City	State	Zip
	ou are Applying for City City	City State City State



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 Raiph 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 registere within the Sponsor Group's boundaries.	ed voter and currently own property in or reside
If appointed, I will file a Form 700, Statement of Economic to the appointment letter.	1.1
Signature: Tally Work	Date: 2/7/25
Print Name on Voter's Registration Form: First Name	Last Name
Community Planning/Sponsor Group Chair or Designated Repr	esentative Endorsement:
Group Chair:	
As the current Chair of the	Community Planning/Sponsor eteness, and it may be certified by the ROV.
Signature: ////	Date: 3-22-25
Print Name: Jellices Oshorne	Date Elected Chair. 6 /10/24
Email Address:	Phone:
For Internal Use Only:	
Registrar of Voters Confirmation: I certify that the applicant is a registered voter and is eligible for r	membership of the <u>JACUM bay</u> or Group for which he/she seeks to be appointed.
Voter ID # 245 3513 Signed: Dun	egistrar of Voters
ROV Date Stamp	
PDS-900 REV.: 02/16/2023	

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

COUNTY OF SAN DIEGO

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Hartley	Mark	
Last Name	First Name	4444
Lakeside Community Planning Group		District 2
Name of Board, Committee, or Commission to W	hich You are Applying for Membership	Supervisorial District You Live In
County boards, commissions, and commembers. Day meetings are more conschedule your time accordingly?	n <mark>mon than evening meetings. Wi</mark> Yes ⊠ No	
Vhat are your principal areas of intere Local government is such a powerful av		e in the community. I
would like to help with positive and com		
	A.V.	
List all County Boards, Commissions Not a current member _⊠_ Committee Name	or Committees of which you are	a current member. Date Appointed
Not a current member _⊠_ Committee Name List past County appointments with dispublic service appointments. Not a current member _⊠_		Date Appointed
Not a current member _⊠_ Committee Name List past County appointments with dispublic service appointments.		Date Appointed

Shea Homes		
Current Employer		
Warranty Manager		26 Years
lob Title		Length of Employment
Previous Employers	Position Title	Length of Employment
U.S Coast Guard	Enlisted E3 - Aids to Navigation	4
I have an associate degree multidisciplinary studies. I h	I knowledge can you bring to your area(sin computer science/Networking and a Bate ave been in the building industry for over 26 spective in the difficulties of construction.	chlers degree in
	anizations to which you belong:	oard for the last 7 years
I am a part of the BIA of Sa BIA CARES is the charitable Please describe your ethni	anizations to which you belong: n Diego, and I have been on their CARES be e arm of the BIA.	
I am a part of the BIA of Sai BIA CARES is the charitable Please describe your ethni WHITE (not of Hispanic Orig	anizations to which you belong: n Diego, and I have been on their CARES been arm of the BIA. ic origin: gin): All persons having origins in any of the	
I am a part of the BIA of Sal BIA CARES is the charitable Please describe your ethni WHITE (not of Hispanic Orig Europe	anizations to which you belong: n Diego, and I have been on their CARES been arm of the BIA. ic origin: gin): All persons having origins in any of the	

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By signing below, I declare that the information best of my knowledge.	provided above is accurate and complete to the
Mark Hartley	2/7/2025
Applicant's Signature	Date

Hartley		Mark		
Last Name		First Name		
Lakeside Community Planning	Group			District 2
Name of Board, Committee, or C	Commission to Which \	ou are Applying for I	Membership	Supervisorial District You Live In
	200			
Home Street Address		City	State	Zip
Mailing Address (if different that	n home address)	City	State	Zip
Business Street Address		City	State	Zip
Home Phone # Bu	siness Phone #			
Mobile Phone # Bu	siness Phone #			
F-Mail Address				7



County of San Diego, Planning & Development Services

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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 Spo within the Sponsor G	nsor Group: I declare ti roup's boundaries.	nat I am a registered	I voter and	currently ow	n property in	or resid
are appointment lette	. / 1/2/	ent of Economic Inte	erest, in a	timely mann	er as instructe	ed in
Signature: Manh			Date:	02-13-	2625	
Print Name on Voter'	s Registration Form:	Mar K First Name			Har Hey Last Name	9
Community Planning	Sponsor Group Chair o	r Designated Repres	sentative F	ndorsement:		
Group Chair:				naorodinoni.		
As the current Chair of Group, I confirm that	of the Ake	SIDE Signation for complete	eness, and	Commu it may be cer	inity Planning/ rtified by the R	Sponso
Signature:(N	well the	1	Date:	2/19	2025	
Print Name: <u>CA</u>	ROL A. HA	KE_	Date Elec	ted Chair: _	JAN 20:	23
Email Address:_			Phone:			
For Internal Use Only						
Registrar of Voters (certify that the applic	ant is a registered voter a					
uca a	Community	Planning/Sponsor (Group for w	hich he/she s	eeks to be ap	pointed.
/oter ID# <u>458 5</u>	033 s	igned: Limber	Jacker	1		
		Deputy Regis	War of Vote	ers	AAA	
ROV Date Stamp:				T OTER	10	
DS-900 REV.: 02/15/202:	2025 FEB 19	PH 4:38	5	CE S		5)
	This application is a publi Not valid for appointment with	c record and is subject to	the rules of ature and RO	diy.	THE	



SUPERVISOR, FIFTH DISTRICT SAN DIEGO COUNTY BOARD OF SUPERVISORS

AGENDA ITEM

DATE: April 22, 2025

TO: BOARD OF SUPERVISORS

SUBJECT: Appointment to the SAN DIEGO COUNTY PLANNING COMMISSION,

Seat No. 6

Recommendation: SUPERVISOR JIM DESMOND

Appoint Colton Sudberry to the SAN DIEGO COUNTY PLANNING COMMISSION, Seat No. 6 for a term to expire January 4, 2027.

Respectfully submitted,

JIM DESMOND

Supervisor, Fifth District

SUBJECT: (District: 5)

BOARD OF SUPERVISORS AGENDA ITEM INFORMATION SHEET

CONCURRENCE(S)

Written Disclosure p Section 1000.1 Requ	er County Charter	[X] Yes [] Yes [X] No	
GROUP/AGENCY FINANC	E DIRECTOR	[]Yes[X]N/A	
CHIEF FINANCIAL OFFICE Requires Four Votes		[] Yes [X] N/A [] Yes [X] No	
GROUP/AGENCY INFORM TECHNOLOGY DIR	_	[] Yes [X] N/A	
COUNTY TECHNOLOGY	OFFICE	[] Yes [X] N/A	
DEPARTMENT OF HUMAI	N RESOURCES	[] Yes [X] N/A	
Other Concurrence(s):		N/A	
ORIGINATING DEPARTMENT:	Jim Desmo Supervisor	ond , Fifth District	
CONTACT PERSON: Marisol Bell			
Name	•		
619-531-5555			
Phone			
619-685-2555	-		
Fax A-500			
Mail Station	•		
Marisol.Bell@sdcounty.ca.gov	_		
E-Mail			
AUTHORIZED REPRESENTATIV	E:		

COUNTY OF SAN DIEGO

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First Name	
	District 3
You are Applying for Membership	Supervisorial District You Live In
ittees meet at times mutually so than evening meetings. Will \Box No	
n County Government?	
Committees of which you are a	Date Appointed
i)	You are Applying for Membership Ittees meet at times mutually son than evening meetings. Will No No

Sudberry Properties Inc.	ATIONAL EXPERIENCE	
Current Employer		
President		25 years
Job Title		Length of Employment
Previous Employers	Position Title	Length of Employment
What experience or special	knowledge can you bring to y	your area(s) of interest?
	age and development in San Die	
Please list community orga N/A	nizations to which you belong	j :
Please describe your ethnic WHITE (not of Hispanic Orig Europe	c origin: gin): All persons having origins in	n any of the original peoples of
Select the gender you iden	tify as:	
Male	,	
What is your age? 45-54 years old		

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 best of my knowledge.	accurate and complete to the
Colton Sudberry	3/25/2025
Applicant's Signature	 Date

Sudberry		Colton		
Last Name		First Name		
Planning Commission				District 3
Name of Board, Committee, or Commission to Which You are Applying for Membership			Supervisorial District You Live In	
	5454.			
Home Street Address		City	<u>Sta</u> te	Zip
_Mailing Address (if diff	erent than home address)	City	State	Zip
Business Street Addre	ess	City	State	Zip
Home Phone #	Business Phone #			
Mobile Phone #	Business Phone #			
- Mail Adduses				
E-Mail Address				



SUPERVISOR, FIFTH DISTRICT SAN DIEGO COUNTY BOARD OF SUPERVISORS

AGENDA ITEM

DATE: April 22, 2025

TO: BOARD OF SUPERVISORS

SUBJECT: Appointment to SAN DIEGO MILITARY AND VETERANS ADVISORY

COUNCIL, Seat No.5

Recommendation: SUPERVISOR JIM DESMOND

Appoint David McCulloh to the SAN DIEGO MILITARY AND VETERANS ADVISORY COUNCIL, Seat No.5 for a term to expire January 4, 2027.

Respectfully submitted,

JIM DESMOND

Supervisor, Fifth District

SUBJECT: (District: 5)

BOARD OF SUPERVISORS AGENDA ITEM INFORMATION SHEET

CONCURRENCE(S)

Written Disclosure per Section 1000.1 Require	County Charter	[X] Yes [] Yes [X] No	
GROUP/AGENCY FINANCE	DIRECTOR	[]Yes[X]N/A	
CHIEF FINANCIAL OFFICER Requires Four Votes	1	[] Yes [X] N/A [] Yes [X] No	
GROUP/AGENCY INFORMA TECHNOLOGY DIREC	_	[] Yes [X] N/A	
COUNTY TECHNOLOGY OF	FICE	[] Yes [X] N/A	
DEPARTMENT OF HUMAN F	RESOURCES	[] Yes [X] N/A	
Other Concurrence(s):		N/A	
ORIGINATING DEPARTMENT:	Jim Desmo Supervisor	ond , 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:			

NON THE PROPERTY OF THE PROPER

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

McCulloh	David		
Last Name	First Name		
San Diego Military And Veterans Advisory Council		District 5	
ne of Board, Committee, or Commission to Which You are Applying for Membership		Supervisorial District You Live In	
County boards, commissions, and committed members. Day meetings are more common schedule your time accordingly?			
Please list any time restrictions			
What are your principal areas of interest in Military and Veterans Affairs, Small business			
List all County Boards, Commissions or Co Not a current member _⊠_ Committee Name	mmittees of which you are a	Date Appointed	
List past County appointments with dates s public service appointments. Not a current member ⊠	served, and other past or pre	sent community or	
		sent community or Dates Served	

Current Employer		
Owner		8 years
lob Title		Length of Employment
Previous Employers	Position Title	Length of Employment
ITT Educational Services, Inc.	Director	1 year
United States Marine Corps	US Marine, Marine Officer, Instructor	36 years
What experience or special kno		
Please list community organizate Veterans of Foreign Wars (VFW) Please describe your ethnic orion WHITE (not of Hispanic Origin):	tions to which you belong: Marine Executive Association (ME	A) Wounded Warrior Proje
Please list community organizate Veterans of Foreign Wars (VFW) (WWP) Please describe your ethnic ori WHITE (not of Hispanic Origin): A Europe	emember, small business owner Itions to which you belong: Marine Executive Association (ME) gin: All persons having origins in any of	A) Wounded Warrior Proje
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Please list community organizate Veterans of Foreign Wars (VFW) (WWP) Please describe your ethnic orion WHITE (not of Hispanic Origin): Europe Select the gender you identify a Male	emember, small business owner Itions to which you belong: Marine Executive Association (ME) gin: All persons having origins in any of	A) Wounded Warrior Proje
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By signing below, I declare that the information pr best of my knowledge.	rovided above is accurate and complete to the
David McCulloh	3/8/2025
Applicant's Signature	

McCulloh		David			
Last Name		First Name			
San Diego Military And Veterans Advisory Council				District 5	
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 #				
Mobile Phone #	Business Phone #				
E-Mail Address	.				