

## APPLICATION FOR "COUNTY OF SANTA BARBARA CITIZENS' INDEPENDENT REDISTRICTING COMMISSION"

Applications Due By: August 21, 2020, 5:00PM

Application Revised: 6/29/2020

Date Received:

**INSTRUCTIONS:** Please complete each item below and sign the application. For more information please review the ordinance, visit the redistricting webpage at: [www.countyofsb.org/redistricting](http://www.countyofsb.org/redistricting) or email questions to [redistricting@countyofsb.org](mailto:redistricting@countyofsb.org).

**Please print legibly in ink or type. When completed, print and sign the application. Submit the application by mail, drop off or email as listed on the signature page.**

1. Today's Date:

8 | 20 | 20

2. NAME:

Katz,
Laura
E

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Last
First
Middle

Number:

Carpinteria
93013

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City
Zip Code

6. Are you or have you been employed by the County of Santa Barbara?  YES  No If YES, list:

Department:

Title:

Date:

**Demographic Section: Providing this information is optional. You may select "decline to state" for each answer. County Ordinance Code Section 2-10.9A, (4)(h)(3) requires six of the 11 appointees, in addition to meeting minimum requirements, be chosen in a way that ensures the Commission reflects the County's diversity, including racial, ethnic, geographic, age, and gender diversity. However, formulas or specific ratios shall not be applied for this purpose.**

7. Please describe your ethnic origin. Mark one or more boxes.

- BLACK/AFRICAN AMERICAN: All persons having origins in any of the original Black racial groups of Africa.
- HISPANIC/LATINO: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- 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.
- NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER: All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 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.

WHITE (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Decline to state

8. Select the gender you identify as:

Female  Male  Non-Binary  Decline to state

9. What is your age: 67  Decline to state

10. EXPERIENCE: Please explain why you are interested in serving and what experience you bring to the Commission. Attach an additional page if necessary.

I love this community and want to serve on the commission to develop a fair, balanced and unbiased redistricting map.

My family moved to Santa Barbara in 1969 when I was a teenager and I attended and graduated from San Marcos High School in 1971. I returned with my husband in 1991 and have lived here ever since.

I have been married for 34 years and have one son who is 26 years old. He attended public schools in Santa Barbara and Carpinteria and has been raised to take an interest in both local and national issues. I can say with pride that he votes in every election as I/we do.

I am a master's prepared Geriatric Nurse Practitioner working in a primary care private practice and, in the past, in a hospice agency performing home visits and a house call program serving seniors of all ethnic and economic backgrounds all over this county. This has informed me of the inadequacies and disparities that exist here and reflects what occurs throughout this country. In particular, my work in underserved communities strengthens my resolve that providing access to all of our community's resources is without question my primary focus. Nursing has taught me to look at barriers that impede progress as opposed to blaming or labeling someone as non-compliant.

I know I am well liked and respected by my peers and patients. My career as a nurse is coming to a close but know that my skills and guiding principles from this profession are translatable to the tasks needed to accomplish a new redistricting map.

Thank you for considering my application.

Laura (Lollie) Katz

11. ADDITIONAL INFORMATION: Give any other relevant information pertaining to your qualifications and experience that bear on your application for the Commission.

**\*Required Selection Criteria: Please answer the following yes/no questions.**

\*Are you a resident of the County of Santa Barbara?

Yes       No

\*Are you registered to vote in the County of Santa Barbara?

Yes       No

\*Have you changed your registered political party affiliation within the past 5 years?

Yes       No

\*Have you voted in Santa Barbara County in at least one of the last three statewide elections?

Yes       No

\*I have read and comply with the provisions of Elections Code § 23003(c), (d) and (e).

Yes       No

\*Do you have any significant financial interest, as defined in County Ordinance Sec. 2-10.9A. - Citizens' Independent Redistricting Commission, in any company, corporation or other business entity that has donated five hundred dollars or more in one year to any candidate for elective office of the County of Santa Barbara, or to any controlled committee, primarily formed committee, general purpose committee, independent expenditure committee that expended funds in support or opposition to a candidate for elective office of the County of Santa Barbara within the last eight years preceding appointment to the commission?

Yes       No

\*Have you or any immediate family member, within the last eight years preceding appointment to the commission, contributed five hundred dollars or more in one year to any candidate controlled committee, primarily formed committee, or general purpose committee, independent expenditures committee or other political action committee that has expended more than one thousand dollars in support or in opposition to the election campaign for any elective office of the County of Santa Barbara?

Yes       No

\*Have you or any immediate family member, within the last eight years preceding appointment to the commission, been a board member, officer, paid or volunteer staff of, or had a significant influence on the actions or decisions of a political committee required to register with the California Secretary of State, which expended funds in excess of five hundred dollars in support or opposition to a candidate for any elective office of the County of Santa Barbara, including member communications.

Yes  No

**How this application will be used:**

I understand the contents of this application may be made available to the public including posting on the internet.

Yes, I understand

I understand that while this application is a public document, my personal e-mail address, street address, and phone number(s) will be kept confidential to the extent authorized by law.

Yes, I understand

**By signing below, I declare under penalty of perjury that the answers provided in this application are true to the best of my knowledge.**

**Signature:** Jaura Katz 8/19 | 20

Completed applications must be received by Friday, August 21, 2020 at 5 p.m. Double check your answers in the application; once submitted, applications cannot be amended. Incomplete applications will not be considered.

**OPTION 1:**

*Mail To:*  
Joseph E. Holland  
Redistricting Commission  
County Clerk, Recorder, Assessor, Registrar of Voters  
P.O. Box 159  
Santa Barbara, CA 93102-0159

*Drop Off in Person To:*  
Joseph E. Holland Redistricting Commission Assessor's Office  
105 E. Anapamu St, Room 204 Santa Barbara, CA 93101

**OPTION 2:**

E-mail your completed application. Ensure the application is signed (no e-signatures), then e-mail the application to: [redistricting@countyofsb.org](mailto:redistricting@countyofsb.org)

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