



Housing Authority of the County of Santa Barbara

P.O. Box 397 ~ Lompoc, CA 93438-0397
815 West Ocean Avenue ~ Lompoc, CA 93436
(805) 736-3423 ~ FAX (805) 735-7672 ~ TDD (800) 545-1833 ext. 594

**PUBLIC MEETING NOTICE
REGULAR MEETING OF THE BOARD OF COMMISSIONERS**

**LOMPOC HOUSING OFFICE
817 W OCEAN AVE – UPSTAIRS CONFERENCE ROOM
LOMPOC, CA
5:00 P.M.**

**JUNE 18, 2015
AGENDA**

Americans with Disabilities Act: In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the Housing Authority of the County of Santa Barbara at (805) 736-3423. Notification at least 24 hours prior to the meeting will enable the Housing Authority to make reasonable arrangements.

I. CALL TO ORDER

II. PLEDGE OF ALLEGIANCE

III. ROLL CALL Fran Clow
 Robert Doyle
 Mickey Flacks
 John Lizarraga
 James Pearson

IV. INTRODUCTIONS

V. Approval of Minutes of May 21, 2015 Regular Meeting. M_____ S_____

VI. Public Comment Period¹

VII. Report of the Secretary/Executive Director

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Any member of the public may address the commission on items of interest to the public that are within the subject matter jurisdiction of the Housing Authority. For reasons of practicality, speakers will be limited to three (3) minutes each. No action shall be taken on any item not appearing on the agenda unless otherwise authorized by law.

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| VIII. Approval of Operations and Management Reports. | M_____ | S_____ |
| IX. Resolution No. 2581– Approval of Expenditure List as Submitted; including meeting expenses. | M_____ | S_____ |
| X. WRITTEN COMMUNICATIONS | | |
| A. Resident Newsletter | | |
| B. Santa Maria Times Article | | |
| XI. COMMISSIONERS' ORAL COMMUNICATIONS | | |
| XII. UNFINISHED BUSINESS – None. | | |
| XIII. NEW BUSINESS | | |
| A. Resolution No. 2582 – Approving Amendments to Sections 5 and 6 of the Personnel Policy. | M_____ | S_____ |
| B. MOTION to Re-Schedule the July meeting from Thursday July 16, 2015 to Thursday July 23, 2015. | M_____ | S_____ |
| XIV. ADJOURNMENT | M_____ | S_____ |

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