

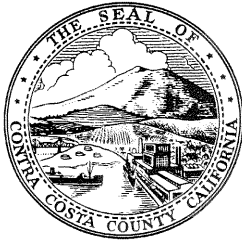
Attachment

TO: BOARD OF SUPERVISORS

FROM: Supervisor Federal D. Glover, District V

DATE: March 17, 2009

SUBJECT: MEETING ATTENDANCE REPORT FOR
THE MONTH OF FEBRUARY, 2009



C. 15 3/17/09
Contra
Costa
County

SPECIFIC REQUEST(S) OR RECOMMENDATION(S) & BACKGROUND AND JUSTIFICATION

RECOMMENDATION:

ACCEPT the Meeting Attendance Report for the month of February, 2009 from Supervisor Glover as required for compliance with Government Code Section 53232.3(d).

BACKGROUND:

Meeting Attendance Report

Government Code Section 53232.3(d) requires that members of legislative bodies report on meetings attended for which there has been expense reimbursement (mileage, meals, lodging, etc).

The following report on meetings attended by Supervisor Federal D. Glover during the month of February, 2009 is submitted in compliance with the requirement.

<u>Date</u>	<u>Meeting Name</u>	<u>Location</u>	<u>Purpose</u>
02/02/09	State of the Safety Net Mtg	Pittsburg	As Needed
02/02/09	Public Protection Comm	Martinez	Monthly
02/03/09	Board of Supervisor	Martinez	Weekly
02/04/09	ABAG Plng Comm	Oakland	Quarterly
02/11/09	LAFCO	Martinez	Monthly
02/11/09	Delta Diablo Sant Dist	Antioch	Monthly
02/12/09	ECCFFA	Antioch	Monthly
02/12/09	St. Rt. 4	Antioch	Monthly
02/19/09	PG&E Dedi Cermony	Antioch	As Needed
02/21/09	Familias Undidas Panel	Pittsburg	Yearly
02/24/09	Board of Supervisors	Martinez	Weekly
02/28/09	Orin Allen Ranch	Byron	Yearly

CONTINUED ON ATTACHMENT: ☐ YES SIGNATURE : _____

☐ RECOMMENDATION OF COUNTY ADMINISTRATOR ☐ RECOMMENDATION OF BOARD COMMITTEE

☐ APPROVE ☐ OTHER

SIGNATURE(S): _____

ACTION OF BOARD ON _____ APPROVE AS RECOMMENDED _____ OTHER _____

VOTE OF SUPERVISORS

☐ UNANIMOUS (ABSENT _____)

AYES: _____ NOES: _____

ABSENT: _____ ABSTAIN: _____

MEDIA CONTACT:

ORIGINATING DEPARTMENT:

I HEREBY CERTIFY THAT THIS IS A TRUE
AND CORRECT COPY OF AN ACTION TAKEN
AND ENTERED ON THE MINUTES OF THE
BOARD OF SUPERVISORS ON THE DATE
SHOWN.

ATTESTED _____
DAVID TWA, CLERK OF THE BOARD OF SUPERVISORS
AND COUNTY ADMINISTRATOR

BY _____, DEPUTY

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