

For Office Use Only Date Received:

For Reviewers Use Only:
Accepted Rejected

## BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

MAIL OR DELIVER TO: Contra Costa County CLERK OF THE BOARD 651 Pine Street, Rm. 106 Martinez, California 94553-1292 PLEASE TYPE OR PRINT IN INK (Each Position Requires a Separate A	• • • • • • • • • • • • • • • • • • • •				
BOARD, COMMITTEE OR COMMISSION NAM					
PRINT EXACT NAME OF BOARD, COMMITTEE		EN UTICENTAL PRINT EX	COCHO C. EN S CACT SEAT NAME (IF	uneon Si applicable)	eal
1. Name: BRAM (Last Name)	JAC (First	Name)		Pandar (Middl	∠ e Name)
2. Address;	(otreet)		tifield City)	Ed (State)	9 4523 (Zip Code)
3. Phones: [ (Home No.)	(Work No.)	(Ce	II No.}		in and in American
4. Email Address:					
5. EDUCATION: Check appropriation of the Check a	ertificate 🔲 California I	High School Pro	T1		ektrastu
Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Comp		gree Date Degree Awarded
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SIEPRA CONFER  B)  Contra Confe Contex  C)  Drabio VAMy Confe	Crindley	Yes No 🚺	ni-60		10 J
D) Other schools / training	Course Studied	Yes No Hours Cor	moleted	Cartifica	te Awarded:
completed: Chiffe Gate an Free					No □X

6. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY. List experience that relates to the qualifications needed to serve on the local appointive body. Begin with your most recent experience. A resume or other supporting documentation may be attached but it may not be used as a substitute for completing this section.

A) Dates (Month, Day, Year)	Title	Duties Performed
From To  Aus   Oct. 206 2013	DIRECTOR ON GOV. AHAIOS Employer's Name and Address	DIRECTORAL CALLORAGE STUTE GOVERNOOF AFFAIRS LESPONSIBLETON TESONOO
Total: <u>Yrs.</u> <u>Mos.</u>	Tesono Referen	interface with the Co
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B) Dates (Month, Day, Year)	Title	
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Total: Yrs. Mös.	Employer's Name and Address	
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Hrs. per week . Volunteer		
C) Dates (Month, Day, Year)	Title	Distance Distance 201
C) Dates (Worth, Day, Tear)	1186	Duties Performed
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From To  10/1970 Aug 2004  Total: Yrs. Mos.	Employer's Name and Address  BAACM D	
10/1970 AUS 2006	Employer's Name and Address  BAACM D  939 EVICE ST	
From To  10/1970 Aug 2004  Total: Yrs. Mos.	Employer's Name and Address  BAACM D  939 EVICE ST	
From To  10/1970 Aug 2004  Total: Yrs. Mos.	Employer's Name and Address  BAACM D  939 EVICE ST	
From To  10/erro 2006  Total; Yrs. Mos.  Hrs. per week Volunteer	Employer's Name and Address  BAACM D  939 EVICE ST	See Resuce.
From To  IO/ATTO ZOO 6  Total: Yrs. Mos.  Hrs. per week Volunteer  D) Dates (Month, Day, Year)	Employer's Name and Address  BAACM D  939 EVICE ST	See Resuce.
From To  IO/ATTO ZOO 6  Total: Yrs. Mos.  Hrs. per week Volunteer  D) Dates (Month, Day, Year)	Employer's Name and Address  BAACM D  939 EVICE ST	See Resuce.
From To  IO/ATTO ZOO 6  Total: Yrs. Mos.  Hrs. per week Volunteer  D) Dates (Month, Day, Year)	Employer's Name and Address  BARON D  939 EVES ST.  Title	See Resuce.
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CCC Homepage   Walk-in   Newspaper Advertisement   District Supervisor   Other	•	(
8. Do you have a Familial or Financial Relationship with a member of the Board of Supervisors? (Please see Board Resolution no. 2011/55, attached): No Yes	☐CCC Homepage ☐ Walk-In ☐ Newsp	
If Yes, please identify the nature of the relationship:  Do you have any financial relationships with the County such as grants, contracts, or other economic relations?  No Yes		aper Advertisement District Supervisor Other
Do you have any financial relationships with the County such as grants, contracts, or other economic relations?  No Yes	8. Do you have a Familial or Financial Re Resolution no. 2011/55, attached): No	lationship with a member of the Board of Supervisors? (Please see Board Yes
If Yes, please identify the nature of the relationship:  CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowled elief, and are made in good faith. I acknowledge and understand that all information in this application is publically coessible. I understand and agree that misstatements / omissions of material fact may cause forfeiture of my rights to a Board, Committee, or Commission in Contra Costa County.  On Name  Date: 2-6-2554	If Yes, please identify the nature of the	relationship:
CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowled elief, and are made in good faith. I acknowledge and understand that all information in this application is publically coessible. I understand and agree that misstatements / omissions of material fact may cause forfeiture of my rights to a Board, Committee, or Commission in Contra Costa County.    Date: 2-6-2016	. Do you have any financial relationship.	s with the County such as grants, contracts, or other economic relations?
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Important Information	elief, and are made in good faith, I ackno cessible. Tunderstand and agree that n n a Board, Committee, or Commission in	owledge and understand that all information in this application is publically nisstatements / omissions of material fact may cause forfeiture of my rights to so Contra Costa County.
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This application is a public document and is subject to the California Public Records Act (CA Gov. Code §6250-6270).	ellet, and are made in good faith. I ackno cessible. Tunderstand and agree that n n a Board, Committee, or Commission in	Dividege and understand that all information in this application is publically nisstatements / omissions of material fact may cause forfeiture of my rights to so Contra Costa County.  Date: 2 - 6 - 20 +
Send the completed paper application to the Office of the Clerk of the Board at: 651 Pine Street, Room 106, Martinez, CA 94553.	ellet, and are made in good faith. I ackno ccessible. Tunderstand and agree that n n a Board, Committee, or Commission in gn Name	wiledge and understand that all information in this application is publically nisstatements / omissions of material fact may cause forfeiture of my rights to so Contra Costa County.  Date: ユーレー 辺が子  Important Information

- 1.
- 2.
- 3. A résumé or other relevant information may be submitted with this application.
- 4. All members are required to take the following training: 1) The Brown Act, 2) The Better Government Ordinance, and 3) Ethics Training.
- 5. Members of boards, commissions, and committees may be required to: 1) file a Statement of Economic Interest Form also known as a Form 700, and 2) complete the State Ethics Training Course as required by AB 1234.
- 6. Advisory body meetings may be held in various locations and some locations may not be accessible by public transportation.
- 7. Meeting dates and times are subject to change and may occur up to two days per month.
- 8. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.