

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 Application)

BOARD, COMMITTEE OR COMMISSION NAME AND SEAT TITLE YOU ARE APPLYING FOR:

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION			PRINT EXACT SEAT NAME (if applicable)					
1. Name: Katzman (Last Name)		(Firs	(First Name)			Keith (Middle Name)		
2. Address: \\(\frac{12}{\text{(No.)}}\)				Moraga (State				
3. Phones : 925 - (Home N	376-777 (0.)	16 50 (Work No.)	ame (Saw Cell No.)	<u>و</u> _			
5. EDUCATION: Check a	appropriate box	if you possess o	one of the follo	wing:				
High School Diploma Give Highest Grade or Ed			a High School I	Proficiency Cer	tificate		_	
Names of colleges / universities attended Col				egree Units Comp		Degree Type	Date Degree Awarded	
				Semester	Quarter			
A) Diable Valley B) National Univer	cetty Acces	usiness Ada Julius Market	-W (Yes No			66 A	198/15	
D) Other schools / training completed: Real Es		Course Studied	Yes No Hours	Completed	mpleted Certificate Awarded: Yes No		rarded:	

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		
	Realtor Associate	
	Employer's Name and Address	
Total: Yrs. Mos.		
Hrs. per week Volunteer		
B) Dates (Month, Day, Year)	Title	Duties Performed
From To		
	Yresident	
!	Employer's Name and Address	
Total: Yrs. Mos.	Marage Tarra	
	Moraga Terroce Homeowners Associa	
	Homeowners ASSOCIA	tion
Hrs. per week Volunteer	(HGA)	
C) Dates (Month, Day, Year)	Title	Duties Performed
C) Dates (Month, Day, Year) From To	Title	Duties Performed
Page 1	President	Duties Performed
From To	President Employer's Name and Address	Duties Performed
Page 1	President Employer's Name and Address	Duties Performed
From To	President	Duties Performed
From To Total: Yrs. Mos.	President Employer's Name and Address	Duties Performed
From To	President Employer's Name and Address	Duties Performed
From To Total: Yrs. Mos.	President Employer's Name and Address	Duties Performed
From To Total: Yrs. Mos.	President Employer's Name and Address	Duties Performed Duties Performed
From To Total: Yrs. Mos. Hrs. per week Volunteer	Employer's Name and Address Cedars HOA Title	
From To Total: Yrs. Mos. Hrs. per week Volunteer D) Dates (Month, Day, Year)	Employer's Name and Address Cedars HOA Title	
From To Total: Yrs. Mos. Hrs. per week Volunteer D) Dates (Month, Day, Year)	Employer's Name and Address Cedars HOA Title President	
From To Total: Yrs. Mos. Hrs. per week Volunteer D) Dates (Month, Day, Year)	Employer's Name and Address Cedars HOA Title President Employer's Name and Address	
Total: Yrs. Mos. Hrs. per week Volunteer D) Dates (Month, Day, Year) From To	Employer's Name and Address Cedars HOA Title President Employer's Name and Address	
Total: Yrs. Mos. Hrs. per week Volunteer D) Dates (Month, Day, Year) From To	Employer's Name and Address Cedars HOA Title President Employer's Name and Address	
Total: Yrs. Mos. Hrs. per week Volunteer D) Dates (Month, Day, Year) From To Total: Yrs. Mos.	Employer's Name and Address Cedars HOA Title President	
Total: Yrs. Mos. Hrs. per week Volunteer D) Dates (Month, Day, Year) From To	Employer's Name and Address Cedars HOA Title President Employer's Name and Address	

7. How did you learn about this vacancy?
□CCC Homepage □Walk-In □Newspaper Advertisement □District Supervisor ☑Other 下 Cnd
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
If Yes, please identify the nature of the relationship:
I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge and understand that all information in this application is publically accessible. I understand and agree that misstatements / omissions of material fact may cause forfeiture of my rights to serve on a Board, Committee, or Commission in Contra Costa County. Sign Name: Date: Date:

- Important Information
- 1. This application is a public document and is subject to the California Public Records Act (CA Gov. Code §6250-6270).
- 2. Send the completed paper application to the Office of the Clerk of the Board at: 651 Pine Street, Room 106, Martinez, CA 94553.
- 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.