



Contra Costa County

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CLERK BOARD OF SUPERVISORS
CONTRA COSTA CO.

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:

TREASURY OVERSIGHT COMMITTEE
PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

BOARD OF SUPERVISOR'S APPOINTEE
PRINT EXACT SEAT NAME (if applicable)

1. Name: BOUCHET DONALD LE ROY
(Last Name) (First Name) (Middle Name)

2. Address: [Redacted] CONCORD, CA 94529
(No.) (Street) (Apt.) (City) (State) (Zip Code)

3. Phones: [Redacted] [Redacted] [Redacted]
(Home No.) (Work No.) (Cell No.)

4. Email Address: [Redacted]

5. EDUCATION: Check appropriate box if you possess one of the following:

High School Diploma G.E.D. Certificate California High School Proficiency Certificate

Give Highest Grade or Educational Level Achieved 16

	Names of colleges / universities attended	Course of Study / Major	Degree Awarded Yes No <input type="checkbox"/> <input type="checkbox"/>	Units Completed		Degree Type	Date Degree Awarded
				Semester	Quarter		
A)	<u>UC, Berkeley</u>	<u>Bus Adm/ACC</u>	Yes No <input type="checkbox"/> <input type="checkbox"/>	<u>120</u>		<u>BS</u>	<u>Jan 1993</u>
B)			Yes No <input type="checkbox"/> <input type="checkbox"/>				
C)			Yes No <input type="checkbox"/> <input type="checkbox"/>				
D)	Other schools / training completed:	Course Studied	Hours Completed	Certificate Awarded: Yes No <input type="checkbox"/> <input type="checkbox"/>			

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.

<p>A) Dates (Month, Day, Year) From <u>1996</u> To <u>Present</u> Total: Yrs. <u>20</u> Mos. <u> </u> Hrs. per week <u> </u>. Volunteer <input type="checkbox"/></p>	<p>Title <u>Committee Member</u> Employer's Name and Address <u> </u></p>	<p>Duties Performed <u>Review County Treasurer's operation, reports, select judicial</u></p>
<p>B) Dates (Month, Day, Year) From <u>Dec 97</u> To <u>Jan 01</u> Total: Yrs. <u>18</u> Mos. <u>1</u> Hrs. per week <u>50</u>. Volunteer <input type="checkbox"/></p>	<p>Title <u>CONTRASTO CO. AUDITOR-CONTROLLER</u> Employer's Name and Address <u>CONTRASTO COUNTY 625 COURT ST MARTINEZ, CA</u></p>	<p>Duties Performed <u>Chief County Financial Officer</u></p>
<p>C) Dates (Month, Day, Year) From <u>MAY '89</u> To <u>Dec '97</u> Total: Yrs. <u>8</u> Mos. <u>7</u> Hrs. per week <u> </u>. Volunteer <input type="checkbox"/></p>	<p>Title <u>ASST. CO. AUD/CONTROLLER</u> Employer's Name and Address <u>COUNTY OF CONTRASTO CA MARTINEZ, CA</u></p>	<p>Duties Performed <u>ASSIST AUD. CONTROLLER WITH ABOVE DUTIES</u></p>
<p>D) Dates (Month, Day, Year) From <u> </u> To <u> </u> Total: Yrs. <u> </u> Mos. <u> </u> Hrs. per week <u> </u>. Volunteer <input type="checkbox"/></p>	<p>Title <u> </u> Employer's Name and Address <u> </u></p>	<p>Duties Performed <u> </u></p>

7. How did you learn about this vacancy?

CCC Homepage Walk-In Newspaper Advertisement District Supervisor Other Phil Batchelor

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:

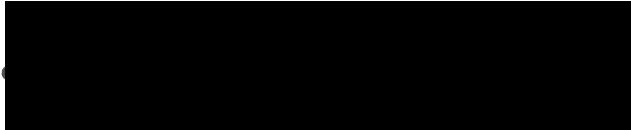
9. Do you have any financial relationships with the County such as grants, contracts, or other economic relations?

No Yes

If Yes, please identify the nature of the relationship: Member of County Retirement System

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:

March 16, 2016

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.