



Contra
Costa
County

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CLERK BOARD OF SUPERVISORS
CONTRA COSTA CO.

For Office Use Only

Date Received:

Print Form

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)

Business Aviation
(925)933-1900

www.bizavms.com

Fly safely!
Insurance Services, Inc.

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

Aviation Advisory Committee

At large

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. Name: Logan Geoffrey Bruce
(Last Name) (First Name) (Middle Name)

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

3. Phones: [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 Undergrad

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) Univ of Cal -Santa Barbara	Pol Sci	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			BA	1983
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"/>			

THIS FORM IS A PUBLIC DOCUMENT

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) <u>From</u> <u>To</u> <div>2002</div> <div>2017</div> Total: <u>Yrs.</u> <u>Mos.</u> <div></div> <div></div> Hrs. per week <div></div> . Volunteer <input type="checkbox"/></p>	<p>Title <div>Insurance Broker</div> Employer's Name and Address <div>Business Aviation Insurance Services</div></p>	<p>Duties Performed <div>Owner-provide aviation insurance services</div></p>
<p>B) Dates (Month, Day, Year) <u>From</u> <u>To</u> <div>1997</div> <div>2002</div> Total: <u>Yrs.</u> <u>Mos.</u> <div></div> <div></div> Hrs. per week <div></div> . Volunteer <input type="checkbox"/></p>	<p>Title <div>Insurance broker</div> Employer's Name and Address <div>AJ Gallagher</div></p>	<p>Duties Performed <div>Aviation insurance broker</div></p>
<p>C) Dates (Month, Day, Year) <u>From</u> <u>To</u> <div>1986</div> <div>1997</div> Total: <u>Yrs.</u> <u>Mos.</u> <div></div> <div></div> Hrs. per week <div></div> . Volunteer <input type="checkbox"/></p>	<p>Title <div>Underwriter</div> Employer's Name and Address <div>United States Aircraft Insurance Group</div></p>	<p>Duties Performed <div>Aviation underwriter</div></p>
<p>D) Dates (Month, Day, Year) <u>From</u> <u>To</u> <div></div> <div></div> Total: <u>Yrs.</u> <u>Mos.</u> <div></div> <div></div> Hrs. per week <div></div> . Volunteer <input type="checkbox"/></p>	<p>Title <div></div> Employer's Name and Address <div></div></p>	<p>Duties Performed <div></div></p>

7. How did you learn about this vacancy?

☐ 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 ☐

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:

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 that all information in this application is publically accessible. I understand that any false statement of material fact may cause forfeiture of my rights to serve on a Board.

Sign Name

Date:

05-01-17

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.

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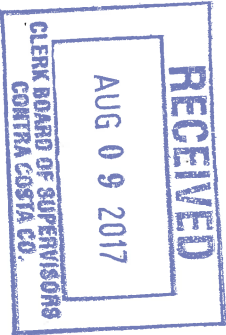
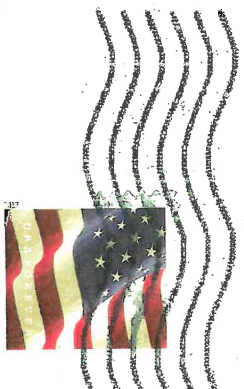
Business Aviation
Insurance Services, Inc.



1233 Alpine Rd., Suite 215 Walnut Creek, CA 94596

OAKLAND CA 945

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OFFICE OF THE
CLERK OF THE BOARD
651 PINE ST. Rm 106
MARTINEZ, CA 94553

94553-12333

