



LEAGUE OF WOMEN VOTERS OF DIABLO VALLEY

- ♦ Alamo ♦ Antioch ♦ Bay Point ♦ Bethel Island ♦ Brentwood ♦ Byron ♦
- ♦ Canyon ♦ Clayton ♦ Concord ♦ Danville ♦ Diablo ♦ Discovery Bay ♦
- ♦ Knightsen ♦ Lafayette ♦ Martinez ♦ Moraga ♦ Oakley ♦ Orinda ♦
- ♦ Pacheco ♦ Pittsburg ♦ Pleasant Hill ♦ Rossmoor ♦ San Ramon ♦ Walnut Creek ♦

January 5, 2017

Mr. Michael Kent
Contra Costa Health Services
Hazardous Materials Ombudsman
597 Center Ave., Suite 100
Martinez, CA 94553

Dear Mr. Kent:

The League of Women Voters of Diablo Valley proposes the nomination of Leslie Stewart to a new four-year term as League of Women Voters' representative on the Contra Costa County Hazardous Materials Commission.

If you would like any further information on this recommendation, please do not hesitate to contact us. We appreciate the opportunity to add to the Commission.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ann Flynn', written in a cursive style.

Ann Flynn, President
League of Women Voters of Diablo Valley
cell phone: 925-348-8844
info@lwvdv.org

The non-partisan League of Women Voters encourages informed and active participation in governmental processes. The League never supports or opposes any political party or candidate.

500 St. Mary's Road, #14, Lafayette, CA 94549
(925) 283-2235 ♦ www.lwvdv.org



Contra
Costa
County

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:

Hazardous Materials Commission

League of Women Voters

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. Name: Stewart Leslie M.
(Last Name) (First Name) (Middle Name)

2. Address: [Redacted] Concord CA 94519
(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 B.A.

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) Reed College	English Literature	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	n/a	n/a	B.A.	May 1964
B) UC Berkeley	Library Science	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	n/a	12?	MLS	
C) San Francisco State University	English Literature	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	8?			
D) Other schools / training completed:	Course Studied	Hours Completed	Certificate Awarded: Yes No <input type="checkbox"/> <input type="checkbox"/>			

7. How did you learn about this vacancy?

CCC Homepage Walk-In Newspaper Advertisement District Supervisor Other Haz Mat Commission

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 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: [REDACTED] Date: 12/11/2016

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.

League of Women Voters West Contra Costa County
PO Box 1618
El Cerrito, CA 94530

December 1, 2016

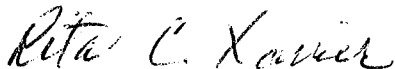
Michael Kent
Contra Costa Health Services
Hazardous Materials Ombudsman
597 Center Ave., Suite 100
Martinez, CA 94553

Dear Mr. Kent:

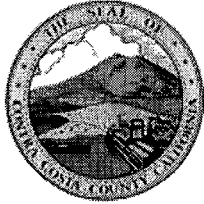
I am submitting my application for the League of Women Voters, Alternate, seat on the Hazardous Materials Commission. As a member of the League of Women Voters, and as a city Planning Commissioner, as well as participating with many environmental groups, I have a great interest in protecting our environment and protecting the health of our citizens against environmental hazards. This has been one of my priorities for decades.

I feel that in being a part of the Hazardous Materials Commission, I can help further the advances being made in addressing issues that face us in our community, county and in the Bay Area. I look forward to being of service.

Sincerely,



Rita Xavier
President
League of Women Voters West Contra Costa County



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County**

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Hazardous Materials Commission

League of Women Voters Seat, Alternate

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. **Name:** Xavier Rita C
(Last Name) (First Name) (Middle Name)

2. **Address:** [Redacted] San Pablo CA 94806
(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

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) <input type="text"/>	<input type="text"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B) <input type="text"/>	<input type="text"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C) <input type="text"/>	<input type="text"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D) Other schools / training completed: <input type="text"/>	Course Studied <input type="text"/>	Hours Completed <input type="text"/>	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> </u> To <u> </u> 02/17/2016 <u> </u> Total: <u> </u> Yrs. <u> </u> Mos. <u> </u> Hrs. per week <u> </u> . Volunteer <input checked="" type="checkbox"/></p>	<p>Title Senior Assemblymember PSA7 Employer's Name and Address California Senior Legislature 1020 N Street, Room 513 Sacramento, CA 95814</p>	<p>Duties Performed Writing proposals to be published as bills by California Legislature and U.S. Congress on issues pertinent to senior citizens, and advocating for seniors</p>
<p>B) Dates (Month, Day, Year) From <u> </u> To <u> </u> 09/2014 <u> </u> Total: <u> </u> Yrs. <u> </u> Mos. <u> </u> Hrs. per week <u> </u> . Volunteer <input checked="" type="checkbox"/></p>	<p>Title Member at Large, to be 2nd V.P. Dec 21 Employer's Name and Address Contra Costa County Advisory Council on Aging Aging and Adult Services 400 Ellinwood Way Pleasant Hill, CA 94523</p>	<p>Duties Performed Senior Mobility Action Council, Transportation Work Group Housing Work Group Legislative Work Group West County Senior Coalition Secretary Representative on CCTA Paratransit Coordinating Council</p>
<p>C) Dates (Month, Day, Year) From <u> </u> To <u> </u> 09/2013 <u> </u> Total: <u> </u> Yrs. <u> </u> Mos. <u> </u> Hrs. per week <u> </u> . Volunteer <input checked="" type="checkbox"/></p>	<p>Title Commissioner, Chair 2014-Jan 2016 Employer's Name and Address San Pablo Planning Commission City of San Pablo 13831 San Pablo Avenue San Pablo, CA 94806</p>	<p>Duties Performed Meetings, community workshops, studying/voting on items to go before City Council, permits, construction Zoning Ordinance Update Committee Housing Element 2015-2023 San Pablo Bicycle/Pedestrian Master Plan Steering Committee Technical Advisory Committee Rumrill Blvd/13th Street Corridor Mobility Plan San Pablo Avenue Complete Streets</p>
<p>D) Dates (Month, Day, Year) From <u> </u> To <u> </u> 09/2014 <u> </u> Total: <u> </u> Yrs. <u> </u> Mos. <u> </u> Hrs. per week <u> </u> . Volunteer <input checked="" type="checkbox"/></p>	<p>Title Board of Directors, Treasurer Employer's Name and Address Lao Family Community Development Inc. 1551 23rd Avenue Oakland, CA 94606</p>	<p>Duties Performed LFCD has offices in Oakland, San Pablo, and Sacramento, and works with city, county, state and federal agencies assisting people from diverse cultural backgrounds in employment, housing, health, financial, aging, refugee issues in many languages.</p>

7. How did you learn about this vacancy?

CCC Homepage Walk-In Newspaper Advertisement District Supervisor Other League of Women Voters

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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: [REDACTED]

Date: December 2, 2016

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