

Please return completed applications to:

Clerk of the Board of Supervisors 651 Pine St., Room 106 Martinez, CA 94553

or email to: ClerkofTheBoard@cob.cccounty.us

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

First Name		Last Name			
Brian		O'Toole			
Home Address - Street	City				Zip Code
2000 Emoires Comme	1000	Walnut Creek			
Phone (best number to reach you)		Email			
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Resident of Supervisorial District:					
EDUCATION Check appropriate	box if you posse	ess one of the following:			
✓ High School Diploma	1	ol Proficiency Certificate			G.E.D. Certificate
Colleges or Universities Attended	Course of Stu		Des	ree Aw	
UC Davis		e: Genetics and Philosophy		Yes	□ No
UC Hastings		Law	十三	Yes	□ No
				Yes	□ No
Other Training Completed:			<u></u>		
Board, Committee or Commission Name		Seat Name	*		**************************************
ACOA		MAL		4	
Have you ever attended a meeting of the	l e advisory board	,	ving?		
□ No ■ Y		ow many?	8		
	•	·			······
Please explain why you would like to ser	ve on this parti	cular board, committee,	or coi	mmissio	on.
I am an elder law attorney and wou	uld like to lear	n and participate in n	nattei	rs relat	ed to Medi-Cal
long-term care programs.					
·					•
		* 4			
Describe your qualifications for this appo		E: you may also include a	сору	of	
your resume with this applica	tion)				
I am an attorney and work with the	senior popula	ation.			
:					
I am including my resume with this appli	cation:				
	-	■ No			
			. 1	٠ا	_l;£;J
I would like to be considered for appoint Please check one:			ııma	y pe qu	aiitiea.
riease check one.	그 1년5 년	■ No			

Are you currently or have you ever been appointed to a Contra Costa Cou	unty advisory board?
Please check one:	which you have sorved
list any volunteer and community experience, including any boards on w	Then you have served.
Do you have a familial relationship with a member of the Board of Superv	visors? (Please refer to
the relationships listed below or Resolution no. 2011/55)	
Please check one:	
If Yes, please identify the nature of the relationship:	
Do you have any financial relationships with the county, such as grants, c	ontracts, or
other economic relationships?	
Please check one: ☐ Yes ☐ No	<u></u>
If Yes, please identify the nature of the relationship:	
application is publicly accessible. I understand and agree that misstatemen cause forfeiture of my rights to serve on a board, committee, or commission	•
Signed: Brian O'Toole /s/	Date: 9/20/2019
Signed: Brian O'Toole /s/ Submit this application to: Clerk of the Board of Supe	Date: 9/20/2019
oigiicu.	Date: 9/20/2019
Submit this application to: Clerk of the Board of Supe	Date: 9/20/2019
Submit this application to: Clerk of the Board of Super 651 Pine St., Room 106	Date: 9/20/2019
Submit this application to: Clerk of the Board of Supe 651 Pine St., Room 106 Martinez, CA 94553	Date: 9/20/2019 ervisors at (925) 335-1900 or by email at
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8. A person will not be eligible to serve if the person shares a financial interest as defined in Government Code §87103 with a Board of Supervisors Member.

granddaughter, and spouses' grandson, registered domestic partner, relatives of a registered domestic partner as listed above.