



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:

ADVISORY COUNCIL ON AGING  
PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. Name: LEASURE (Last Name) NANCY (First Name) (Middle Name)  
2. Address: (No.) (Street) (Apt.) DANVILLE (City) CA (State) 94526 (Zip Code)  
3. Phones: (Home No.) (Work No.) (Cell No.)  
4. Email Address:

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 college 2+ years

Names of colleges / universities attended	Course of Study / Major	Degree Awarded Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) U. of Illinois	History	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	4			
B) HD		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 checked="" type="checkbox"/> <input type="checkbox"/>			
MOSER BUSINESS SCHOOL	SECRETARIAL	6 months				

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)</p> <p>From <u>5/81</u> To <u>6/98</u></p> <p>Total: Yrs. <u>17</u> Mos. <u>  </u></p> <p>Hrs. per week <u>40</u> Volunteer <input type="checkbox"/></p>	<p>Title</p> <p><u>SECRETARY TO CEO</u></p> <p>Employer's Name and Address</p> <p><u>CAERE CORPORATION</u>  <u>LOS GATOS, CA</u>  <u>(no longer in existence)</u></p>	<p>Duties Performed</p> <p><u>INVESTOR RELATIONS</u>  <u>LIASON TO BOARD</u>  <u>DIRECTORS,</u>  <u>SEC, NASDAQ</u>  <u>TRAVEL, MEETING</u>  <u>ARRANGEMENTS</u>  <u>STOCK OPTION ADMIN.</u>  <u>PERSONAL SECRETARIAL</u>  <u>DUTIES</u></p>
<p>B) Dates (Month, Day, Year)</p> <p>From <u>1978</u> To <u>1980</u></p> <p>Total: Yrs. <u>2</u> Mos. <u>  </u></p> <p>Hrs. per week <u>  </u> Volunteer <input checked="" type="checkbox"/></p>	<p>Title</p> <p><u>PRESIDENT</u></p> <p>Employer's Name and Address</p> <p><u>SANTA CLARA MEDICAL</u>  <u>SOCIETY AUXILIARY</u>  <u>SAN JOSE, CA</u></p>	<p>Duties Performed</p> <p><u>ARRANGE PROGRAMS</u>  <u>AND MEETINGS TO</u>  <u>PROMOTE FELLOWSHIP</u>  <u>AND WELL-BEING</u>  <u>IN MEDICAL</u>  <u>COMMUNITY</u></p>
<p>C) Dates (Month, Day, Year)</p> <p>From <u>1966</u> To <u>1967</u></p> <p>Total: Yrs. <u>1</u> Mos. <u>6</u></p> <p>Hrs. per week <u>40</u> Volunteer <input type="checkbox"/></p>	<p>Title</p> <p><u>BRANCH SECRETARY</u></p> <p>Employer's Name and Address</p> <p><u>AMES NASA RESEARCH</u>  <u>CENTER</u>  <u>MOFFETTFIELD, CA</u></p>	<p>Duties Performed</p> <p><u>TRAVEL ARRANGEMENTS</u>  <u>TYPED PAPERS</u></p>
<p>D) Dates (Month, Day, Year)</p> <p>From <u>  </u> To <u>  </u></p> <p>Total: Yrs. <u>  </u> Mos. <u>  </u></p> <p>Hrs. per week <u>  </u> Volunteer <input type="checkbox"/></p>	<p>Title</p> <p><u>  </u></p> <p>Employer's Name and Address</p> <p><u>  </u></p>	<p>Duties Performed</p> <p><u>  </u></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 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:

Nancy Lescure

Date:

April 14, 2019

### Important Information

1. This application is a public document and is subject to the California Public Records Act (CA Gov. Code §8250-6270).
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.

Nancy Leasure



April 15, 2019

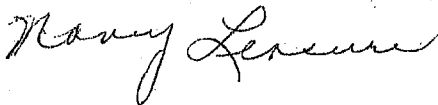
Mr. Anthony Macias  
Area Agency on Aging  
300 Ellinwood  
Pleasant Hill, CA 94526

Dear Anthony,

Enclosed is my application to become a member of the Advisory Council on Aging (ACOA).

As you know, my husband, Dr. Robert Leasure, was a member of the Council for 15 years, and President for two terms. I had the privilege to bring him to meetings and to participate in health and legislative work group sessions. This enhanced my interest in senior issues, and I would like to continue his advocacy efforts.

Sincerely,



Nancy Leasure