

## Please return completed applications to:

Clerk of the Board of Supervisors 1025 Escobar Street, 1st Floor Martinez, CA 94553

or email to: ClerkofTheBoard@cob.cccounty.us

## BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

First Name			Last Name					
Denise			Porterfield					
Home Address - Street	C	City			Zip Code			
		Knightsen			94548-0472			
Phone (best number to reach you)			Email	_				
Resident of Supervisorial District:	3		-					
			one of the following:		r			
High School Diploma	CA Higl	n School P	roficiency Certificate			G.E.D. Certif	icate	
Colleges or Universities Attended	Cours	e of Study	of Study/Major			Degree Awarded		
St. Mary's College		Busines	ess Administration		Yes		] No	
					Yes		] No	
					Yes		] No	
Other Training Completed:								
Board, Committee or Commission Nar	me		Seat Name					
Treasury Oversight Board Committe Member								
Have you ever attended a meeting of	the advisor	y board fo	or which you are apply	/ing?				
■ No □	] Yes H	yes, how	many?					
Please explain why you would like to:	serve on th	is oarticul	ar board. committee.	or co	mmiss	ion.		
To serve as the schools represe	IIIalive.							
Describe your qualifications for this ag	ppointment	t. (NOTE: )	you may also include a	сору	of			
your resume with this appl	ication)							
Deputy Superintendent, Contra (	Costa Cou	inty Offic	ce of Education					
Served 10 years on TOC for Sar	ո Mateo C	ounty						
I am including my resume with this ap	plication:							
Please check one:	☐ Yes		No					
I would like to be considered for appo	ointment to	other adv	visory bodies for which	h I ma	y be c	rualified.		
Please check one:	Yes	_	No		-	•		

Are you currently or have you ever b	een appointed t	to a Contra Cost	ta County advisory boar	rd?
Please check one:	☐ Yes	□ No		
List any volunteer and community ex	xperience, inclu	ding any boards	on which you have se	rved.
Do you have a familial relationship v	with a member o	of the Board of S	Supervisors? (Please ref	fer to
the relationships listed b	elow or Resoluti	on no. 2011/55)	)	
Please check one:	☐ Yes	■ No		
If Yes, please identify the	nature of the re	lationship:		TT MIN 10" HIVET
Do you have any financial relationsh other economic relations	•	inty, such as gra	ants, contracts, or	
Please check one:	☐ Yes	■ No	200000000000000000000000000000000000000	
If Yes, please identify the	nature of the re	lationship:		
I CERTIFY that the statements made is knowledge and belief, and are made application is publicly accessible. I uncause forfeiture of my rights to serve Signed:  Submit this application to: Clerkofth	in good faith. I a aderstand and ag e on a board con	ree that misstate and the committee, or committee, or committee, or committee, or committee, and county us OR CI	d understand that all inf tements and/or ommiss mission in Contra Costa Date:	formation in this sions of material fact may a County.  Le//5/202/. ervisors

Questions about this application? Contact the Clerk of the Board at (925) 655-2000 or by email at ClerkofTheBoard@cob.cccounty.us

## Important Information

- 1. This application and any attachments you provide to it is a public document and is subject to the California Public Records Act (CA Government Code §6250-6270).
- 2. All members of appointed bodies are required to take the advisory body training provided by Contra Costa County.
- 3. Members of certain 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.
- 4. Meetings may be held in various locations and some locations may not be accessible by public transportation.
- 5. Meeting dates and times are subject to change and may occur up to two (2) days per month.
- 6. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.
- 7. As indicated in Board Resolution 2011/55, a person will not be eligible for appointment if he/she is related to a Board of Supervisors member in any of the following relationships: mother, father, son, daughter, brother, sister, grandmother, grandfather, grandson, granddaughter, great-granddaughter, great-granddaughter, first-cousin, husband, wife, father-in low, mother-in-law, daughter-in-law, stepson, stepdaughter, sister-in-law, brother-in-law, spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouses' grandson, registered domestic partner, relatives of a registered domestic partner as listed above.
- 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.