

Contra Costa County



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

First Name	Last Name				
STACIE	COOPER-ROUNDTRE	EE			
Home Address - Street	City		Zip	Code	
	ANTIOCH		945	531	
Phone (best number to reach you)	Email				
Resident of Supervisorial District:	east county				
EDUCATION Check appropriate	<u>box</u> if you possess one of the following:				
High School Diploma	CA High School Proficiency Certificate			G.E.D. Certific	ate
Colleges or Universities Attended	Course of Study/Major	Degr	ree Awar	ded	
Los Medanos College	Child Development		Yes		No
California State University Eastbay	Human Development		Yes		No
			Yes		No
Other Training Completed:					
Board, Committee or Commission Name	Seat Name				
Contra Costa County Local Planning and Advisory Council (LPC)	PROVIDERS COUNTY	-EAST			
As a childcare provider in the East families, children, and providers in family engagement, and I will cont Local Planning Committee.	t County, my goal has always been our community. I advocate strong	n to me	et the r	needs of the readiness ar	nd
Describe your qualifications for this app		а сору с	of		
I have been working with children family childcare in the city of Antio own family childcare businesses. I graduating Spring 2022 with a deg	ch for twenty-three years, and have have obtained a Child Develpmen	e help	ed othe	rs start their	
I am including my resume with this apple Please check one:	lication: □ Yes ■ No				
I would like to be considered for appoint Please check one:	tment to other advisory bodies for whice Yes No	ch I may	be quali	fied.	

Are you currently or have you ever been appointed to a Contra C	Costa County advisory board?
Please check one: ■ Yes □ No	
List any volunteer and community experience, including any boa	rds on which you have served.
Provider County East, Family Engagement & School Re	eadiness, and Advocacy Committee's.
Do you have a familial relationship with a member of the Board	
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 other economic relationships? Please check one: ☐ Yes ☐ No If Yes, please identify the nature of the relationship:	grants, contracts, or
I CERTIFY that the statements made by me in this application are knowledge and belief, and are made in good faith. I acknowledge application is publicly accessible. I understand and accessible cause forfeiture of my rights to serve on a board, consigned: Stacie Cooper-Roundti Submit this application to: ClerkofTheBoard@cob.cccounty.us OR	and understand that all information in this telements and or ommissions of material fact may ontra Costa County. Date: 01-03-2021

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, greatgrandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, great-granddaughter, first-cousin, husband, wife, father-in-law, 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.



Antioch, CA 94531 Stacie Roundtree 4716 Parkland Ct.

RECEIVED

OAKLAND CA 945

4 JAN 2021 PM 7 L

CLERK BOARD OF SUPERVISORS
CONTRA COSTA CO. JAN 0 6 2021

1025 Rabbat Street, 1st floor

THEIR OF the Board of Supervisions

Marmer, OA 9455

The state of the s



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

First Name		Last Name				
Candida		Duperroir				
Home Address - Street	City		_	_ <u>Z</u>	ip Code	
	Pittsburg			9	94565	
Phone (best number to reach you)		Email				
Resident of Supervisorial District:	Glover (5)					
EDUCATION Check appropriate L	box if you posses:	s one of the following:				
✓ High School Diploma	CA High School	Proficiency Certificate			G.E.D. Certifi	cate
Colleges or Universities Attended	Course of Stud	ly/Major	Deg	ree Awa	arded	
Los Medanos College		AA/Transfer		Yes		No
CAL State East Bay	BA - Hı	ıman Developement		Yes		No
		·		Yes		No
Other Training Completed: C	ertificate in Manager	ment/Supervision, Child Care	Aware	Leadersh	ip. Advocacy	
Board, Committee or Commission Name		Seat Name				
Local Planning Council	- 4 - 3 1 1	Discretionary 1 East Count				
Have you ever attended a meeting of the ☐ No ☐ Yo						
LI NO	es il yes, no	w many?	10			
Please explain why you would like to serv	ve on this particu	ular board, committee, o	or cor	mmissio	n.	
I am very interested in the child care and children who need child care acc Contra Costa's Child Care Resource my own and 1 grandson. I have a street	cess and availa and Referral A	bility. I have 22 years gency CocoKids as w	exp /ell a	erience s havin	working for ng 3 children	
Describe your qualifications for this appo	· · · · · · · · · · · · · · · · · · ·	you may also include a	сору	of		
I am the Resource and Referral Manager at CocoKids as well as the Parent VOICES Organizer for Contra Costa County. I was also a former CAB committee member for AB109 to reduce incarceration and recidivism. I am also an Active Commissioner for the city of Pittsburg's Community Advisory Commission.						
Lam including my recume with this and	cation:					
I am including my resume with this applied Please check one:		l No				
				_		
I would like to be considered for appoint Please check one:		lvisory bodies for which l No	I ma	y be qua	alified.	

Are you currently or have you ever been appointed to a Contra	Costa County advisory board?
Please check one: ■ Yes □ No	
List any volunteer and community experience, including any boa	ords on which you have served.
I have served on the AB109 CAB for 2 years. I have vo families and children throughout the county. I am curre Pittsburg's Community Advisory Commission.	· · · · · · · · · · · · · · · · · · ·
Do you have a familial relationship with a member of the Board the relationships listed below or Resolution no. 2011,	•
Please check one:	
Do you have any financial relationships with the county, such as other economic relationships? Please check one:	grants, contracts, or
If Yes, please identify the nature of the relationship:	Child Welfare/Emergency Child Care Foster Bridge Program
I CERTIFY that the statements made by me in this application are knowledge and belief, and are made in good faith. I acknowledge application is publicly accessible. I understand and agree that mis cause forfeiture of my rights to serve on a board, committee, or complete. CANDIDA DUPERROIR	and understand that all information in this statements and/or ommissions of material fact may
Submit this application to: ClerkofTheBoard@cob.cccounty.us OR	Clerk of the Board of Supervisors 1025 Escobar Street, 1st Floor Martinez, CA 94553

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, greatgrandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, great-granddaughter, first-cousin, husband, wife, father-in-law, 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.



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

	Last Name	
Cathy	Roof	
Home Address - Street	City	Zip Code
	Martinez	94553
Phone (best number to reach you)	Email	-
Resident of Supervisorial District:	5	
EDUCATION Check appropriate be	ox if you possess one of the following:	_
High School Diploma	CA High School Proficiency Certificate	G.E.D. Certificate
Colleges or Universities Attended	Course of Study/Major	Degree Awarded
Diablo Valley College	Child Development, Permit	☐ Yes 🗏 No
CAL State Hayward	Liberal Arts, Child Development	Yes 🗆 No
CAL State Hayward	Educational Leadership, Child Dev	Yes 🗆 No
Other Training Completed:	any Continuing Education hours, Univ Ca	Berkeley-Non Profit Series
Board, Committee or Commission Name	Seat Name	
Local Planning Council for Early Education	Discretionary - Central	
Have you ever attended a meeting of the a	advisory board for which you are applyi	ng?
□ No 🗏 Yes	If yes, how many?	30 years
Please explain why you would like to serve	on this particular board, committee, o	r commission.
I have been a member since 1991 w	hen it was the Child Care Task Fo	orce. I believe I do
contribute from my 40 years years in		
		years as Executive Director
for State Preschool/Head Start progr	ram, contracted to the California D	
	ram, contracted to the California D	
for State Preschool/Head Start progr	ram, contracted to the California D	
for State Preschool/Head Start progr	ram, contracted to the California Dation at Los Medanos College.	Department of Education. I
for State Preschool/Head Start progr taught child development administra	ram, contracted to the California Dation at Los Medanos College. htment. (NOTE: you may also include a contract of the California Date o	Department of Education. I
for State Preschool/Head Start progretaught child development administra Describe your qualifications for this appoint your resume with this application.	ram, contracted to the California E tion at Los Medanos College. htment. (NOTE: you may also include a con)	Department of Education. I
for State Preschool/Head Start progretaught child development administra Describe your qualifications for this appoint your resume with this application. I have been an advocate for these means the start of the second start	ram, contracted to the California Dation at Los Medanos College. htment. (NOTE: you may also include a con) hany years for the field of early chi	Department of Education. I copy of Idhood. I have been
for State Preschool/Head Start progretaught child development administra Describe your qualifications for this appoint your resume with this application.	ram, contracted to the California Dation at Los Medanos College. ntment. (NOTE: you may also include a con) nany years for the field of early chiviews representing EveryChild Ca	Department of Education. I copy of copy of copy been copy and copy
for State Preschool/Head Start progretaught child development administrations for this appoint your resume with this application. I have been an advocate for these minvolved in Licensing Regulations re-	ram, contracted to the California Dation at Los Medanos College. ntment. (NOTE: you may also include a con) nany years for the field of early chiviews representing EveryChild Ca	Department of Education. I copy of copy of copy been copy and copy
for State Preschool/Head Start progretaught child development administrations for this appoint your resume with this application. I have been an advocate for these minvolved in Licensing Regulations reannual hearings for funding from the	ram, contracted to the California Dation at Los Medanos College. ntment. (NOTE: you may also include a con) nany years for the field of early chiviews representing EveryChild Ca	Department of Education. I copy of copy of copy been copy and copy
for State Preschool/Head Start progretaught child development administrations for this appoint your resume with this application. I have been an advocate for these minvolved in Licensing Regulations reannual hearings for funding from the	ram, contracted to the California Dation at Los Medanos College. ntment. (NOTE: you may also include a con) nany years for the field of early chiviews representing EveryChild Ca	Department of Education. I copy of copy of copy been copy and copy
for State Preschool/Head Start progretaught child development administrations for this appoint your resume with this application. I have been an advocate for these minvolved in Licensing Regulations reannual hearings for funding from the	ram, contracted to the California Dation at Los Medanos College. Introduction at Los Medanos College. Intr	Department of Education. I copy of copy of copy been copy and copy
for State Preschool/Head Start progretaught child development administrations for this appoint your resume with this application. I have been an advocate for these minvolved in Licensing Regulations reannual hearings for funding from the legislative forum. I am including my resume with this applications.	ram, contracted to the California Dation at Los Medanos College. Introduction at Los Medanos College. Intr	Department of Education. I copy of copy of copy been copy and copy
for State Preschool/Head Start progretaught child development administrations for this appoint your resume with this application. I have been an advocate for these minvolved in Licensing Regulations reannual hearings for funding from the legislative forum. I am including my resume with this applications.	ram, contracted to the California Dation at Los Medanos College. Intrent. (NOTE: you may also include a con) Inany years for the field of early child views representing EveryChild Cate State Legislation. I am one of the lation: Yes No	Department of Education. I copy of copy of copy and copy
for State Preschool/Head Start progretaught child development administrations for this appoint your resume with this application. I have been an advocate for these manual hearings for funding from the legislative forum. I am including my resume with this applications resume with this application.	ram, contracted to the California Dation at Los Medanos College. Intrent. (NOTE: you may also include a con) Inany years for the field of early child views representing EveryChild Cate State Legislation. I am one of the lation: Yes No	Department of Education. I copy of copy of copy and copy

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, greatgrandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, great-granddaughter, first-cousin, husband, wife, father-in-law, 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.



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

First Name		Last Name				
Liliana		Gonzalez				
Home Address - Street	City				Zip Code	
	Vallejo		7		94591	
Phone (best number to reach you)		Email	_		0.1001	
Resident of Supervisorial District:						
EDUCATION Check appropriate	box if you possess o	ne of the following:				
High School Diploma		oficiency Certificate		Γ	G.E.D. Certific	cate
Colleges or Universities Attended	Course of Study/	Major	Deg	ree A	warded	No.
Mills College	B.A. Rese	arch Psychology		Yes		No
Mills College	M.A. Infar	nt Mental Health		Yes		No
				Yes		No
Other Training Completed:	Selber Peller					
Board, Committee or Commission Name	S	eat Name			STATE OF THE STATE	SERVED IN
Local Planning Council	F	Public Agency Central/South	2			
Have you ever attended a meeting of the	e advisory board for	which you are applying	ng?			
■ No □ Y	es If yes, how n		4+			
Please explain why you would like to ser	ve on this particular	hoard committee				
It is part of First 5 Contra Costa and my for families and young children to ensur children. The LPC works to ensure that children and I wholeheartedly believe in knowledge and experience in the field.	personal belief that re the well being an	at we must provide que d best possible long t	uality term	servi	ces and support	
Describe your qualifications for this appo	ointment. (NOTE: yo	u may also include a co	ору с	of		
My background is in the field of Inf education. I have extensive experie program coordinator, and home vis support their work plans and classr	itor coach as well					d
	Yes 🗆 N					
I would like to be considered for appointment of the second one:	ment to other advisor Yes N	ory bodies for which I	may	be qu	alified.	

	■ Yes	□ No	osta County adv		
List any volunteer and community	y experience, incl	uding any boar	ds on which vo	u have serve	d
Women's Commission CSB, Head Start Policy Council Oral Health Collaborative School Readiness Committee, LPC		9 ,		a nave serve	u.
Do you have a familial relationshi	p with a member	of the Board o	f Supervisors? (Please refer t	0
the relationships listed	below or Resolut	tion no. 2011/5	5)	rease refer t	
Please check one:	☐ Yes	■ No			
If Yes, please identify the	ne nature of the r	elationship:			
Do you have any financial relation other economic relation Please check one: If Yes, please identify the	onships with the co onships?	ounty, such as g	rants, contracts	, or	
I CERTIFY that the statements mad knowledge and belief, and are mad application is publicly accessible. I	de in good faith. I a	acknowledge ar	nd understand the etements and/or	nat all inform ommissions	ation in this
cause forfeitur	OI	mmittee, or cor	mmission in Cont	ra Costa Cou	intv.
application is publicly accessible. I cause forfeitur Signed:	O	mmittee, or cor	nmission in Con	tra Costa Cou	inty.
Signed:	01	county.us OR C	nmission in Con-	Date: d of Superviseet, 1st Floor	1.26.2021
Signed: Submit this app	:c	county.us OR C	nmission in Conf lerk of the Board 025 Escobar Stro Martinez, CA 945	Date: d of Supervise eet, 1st Floor	1-26-2021 ors
Signed:	ication? Contact t	county.us OR C	nmission in Confidence lerk of the Board 025 Escobar Stro Martinez, CA 945	Date: d of Supervise eet, 1st Floor	1-26-2021 ors
Signed: Submit this app Questions about this appl 1. This application and any attachments you	ication? Contact to ClerkofTheB	county.us OR C the Clerk of the E coard@cob.ccco	nmission in Confidence of the Board 025 Escobar Strong Martinez, CA 945 Board at (925) 65 unty.us	Date: d of Superviseet, 1st Floor 53 65-2000 or by	ors vemail at
Signed: Submit this app	ication? Contact to ClerkofTheB Impo u provide to it is a pub	county.us OR C the Clerk of the Board@cob.ccco	ilerk of the Board 025 Escobar Stro Martinez, CA 945 Board at (925) 65 unty.us tion s subject to the Calif	Date: d of Supervisitet, 1st Floor 53 55-2000 or by fornia Public Rec	ors vemail at

- 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, greatgrandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, great-granddaughter, first-cousin, husband, wife, father-in-law, 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.