



**REPORT TO  
Personnel and Public Employees Committee  
City of Sacramento**

**915 I Street, Sacramento, CA 95814-2604  
www.cityofsacramento.org**

**Discussion Calendar  
April 06, 2010**

**Honorable Chair and Members of  
The Personnel and Public Employees Committee**

**Title: Review of Applications and Conduct Interviews for Compensation  
Commission**

**Location/Council District:** (Citywide)

**Recommendation:** Review applications and interview candidates.

**Contact:** Katia Ligaiviu, Deputy City Clerk, (916) 808-7604, Office of the City Clerk;  
Patti Bisharat, Interim Assistant City Manager, (916) 808-8197, Office of the City  
Manager.

**Presenters:** None

**Department:** City Clerk's Office / Office of the City Manager

**Division:** N/A

**Organization No:** 04001011

**Description/Analysis**

**Issue:** Review applications and conduct interviews to identify the most qualified candidates to nominate and forward to the Mayor for appointment.

**Policy Considerations:** None.

**Environmental Considerations:** None.

**Commission/Committee Action:** None.

**Rational for Recommendation:** To review applications and conduct interviews to identify the most qualified individuals for nomination to the Mayor for appointment to the City's various advisory boards.

**Financial Considerations:** None.

**Emerging Small Business Development (ESBD):** None.



Respectfully Submitted by: \_\_\_\_\_

Katia Ligaiviu,  
Deputy City Clerk

Recommendation Approved:



\_\_\_\_\_  
Stephanie Mizuno,  
Assistant City Clerk

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**ATTACHMENT 1**

**Background:**

The following applicants are under consideration for positions on city boards and commissions.

<b>Board/Commission:</b>	Compensation Commission
<b>Available Positions:</b>	Four (4)
<b>Category Description(s):</b>	<b>Category A:</b> Public-at-large
<b>Status of Incumbents:</b>	<p><b>Deborah Yue &amp; William Edgar</b> – Both have served the maximum number of terms</p> <p><b>Virginia Moose</b> – Resigned</p> <p><b>Donna Gilles</b> - Deceased</p>

No.	Applicant Name	District	Category	Comments
1	Chin, Evelyn	7	A	Out of the country
2	Hopkins, Brett William	1	A	
3	Kawada, David Akira	1	A	
4	Pierce, Sandra Phyllis	8	A	
5	Vuckovich, Alexander	4	A	



# City of Sacramento

## Application for Appointment to Boards/Commissions and Committees

RECEIVED  
CITY CLERK'S OFFICE  
CITY OF SACRAMENTO

7000 DEC 17 10 3 23

**INSTRUCTIONS:** Provide all information requested; use **blue or black ink**; any attachments must be single sided 8 1/2 x 11 paper. If you will be representing an organization, you must include a letter from the organization recommending you as their representative. Note: All information provided on this form is a public record. **Return this completed application form to:** Office of the City Clerk, Historic City Hall, 915 I Street, 1<sup>st</sup> Floor, Sacramento, CA 95814. Tel: (916) 808-7200.

**IMPORTANT:** Letters of recommendation are **optional**. If you choose to include a letter it must be submitted as part of this application. Letters will not be accepted after your application is filed with the City Clerk's Office.

BOARD / COMMISSION OR COMMITTEE NAME: Compensation Commission

CATEGORY FOR WHICH YOU ARE APPLYING: Public at-Large A  
Description Category Letter

- Name of Company/Organization Being Represented (if applicable): N/A
- Company/Organization Authorization Letter Attached (if applicable to qualifications of category)

Applicant Name: Chin Evelyn — E-Mail: \_\_\_\_\_  
Last First Middle

Home Address: Parkhaven Way Sacramento CA 95831  
Street # Street Name City State Zip

Mailing Address (if different than home address): \_\_\_\_\_  
Street # Street Name City State Zip

Resident of City Council District No: 7 Community Planning Area No.: \_\_\_\_\_  
District If applicable

Home Telephone: (916) \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Please state the reason you would like to be a member of this board/commission (or attach): \_\_\_\_\_

See attached item #1

Are you currently, or have you in the past, served on an advisory group? Circle: Yes / No If yes, state the name of the group and how that service supports your application (or attach).

See attached #2

Do you, or an immediate family member, have any relationship (professional, financial, other) that may present a potential conflict of interest for this advisory group? Circle: Yes / No

If yes, please explain: \_\_\_\_\_

**BACKGROUND INFORMATION**

You may also attach a resume reflecting experience, community activities or other qualifications not listed below that would be helpful to the Council in evaluating your application.

EDUCATION: Information attached

**WORK EXPERIENCE:** List names, addresses and dates of employment for the last five (5) years. Attach additional sheets of paper if needed.

**CURRENT EMPLOYER:**

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ EMPLOYER NAME: Information attached  
TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES: \_\_\_\_\_

**PRIOR EMPLOYER(S):**

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ EMPLOYER NAME: \_\_\_\_\_  
TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES: \_\_\_\_\_

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ EMPLOYER NAME: \_\_\_\_\_  
TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES: \_\_\_\_\_

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ EMPLOYER NAME: \_\_\_\_\_  
TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES: \_\_\_\_\_

**BUSINESS ENTERPRISES:** List business name including fictitious name and address of any business enterprises currently or previously owned or operated.

FROM: MO \_\_\_ DAY \_\_\_ YR 73 BUSINESS NAME: owned / operated a Preschool;  
TO: MO \_\_\_ DAY \_\_\_ YR 74 ADDRESS: Don't remember name, no have  
Street # Street Name City State

TYPE OF BUSINESS OR SERVICE RENDERED: address any longer.

CITY OF SACRAMENTO -  
APPLICATION FOR APPOINTMENT

Evelyn Chin  
APPLICANT NAME

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ BUSINESS NAME: \_\_\_\_\_

TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

TYPE OF BUSINESS OR SERVICE RENDERED: \_\_\_\_\_

**FELONY CONVICTIONS:** A felony conviction is not necessarily a bar to appointment. Each case is considered separately based on requirements of the position. However, failure to list felony convictions may result in disqualification.

Have you ever been convicted of a felony? If yes, please indicate for each conviction, the date of the conviction, the location of the court of conviction, and the exact denomination of the offense resulting in conviction: \_\_\_\_\_

No

**CIVIL ACTIONS:** List each civil action, if any, in which punitive or exemplary damages have been assessed against you, indicating in each instance the date of the trial, court judgment and the location of the court which rendered the judgment: \_\_\_\_\_

None

I DECLARE, UNDER PENALTY OF PERJURY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

Signature:   
(original signature is required)

Date: 12/3/09

**DISCLOSURE AND REGULATORY REQUIREMENTS**

**City Code Section 2.40.060: Conflict of Interest Disclosure** - If a Statement of Economic Interests Form 700 is required for this position (see announcement), the form must be filed with the Office of the City Clerk prior to beginning service. The City Clerk will provide appointees with the filing form and instructions. Official status to serve will be delayed until the form is filed with the Office of the City Clerk.

**City Code Section 2.40.010: Attendance** - Board/commission members are required to attend meetings on a regular basis, and may be removed if a member does not attend three consecutive regularly scheduled meetings. If appointed, will you be able to attend meetings regularly and devote the time necessary to fulfill your duties as a member? Circle: Yes / No

**City Resolution 2007-653: Mandatory Ethics Training** - Board/commission members are required to satisfy the local ethics training requirement mandated by Government Code Sections 53234 et seq. and may be removed if proof of attendance is not filed with the Office of the City Clerk within 60 days of appointment. Appointees will be provided with an on-line training resource. If appointed, will you be able to complete the training within 60 days? Circle: Yes / No

**ACCOMMODATION INFORMATION**

PLEASE IDENTIFY ANY SPECIALIZED ACCOMMODATIONS NEEDED FOR EQUAL PARTICIPATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Responses to page 1 of Application

1. I would like to participate on the Compensation Commission because I believe that with my work background and experience, I could make a positive contribution to the City.
2. I served on various advisory groups related to Human Resources issues over the years while I was employed with the State of California. One specific group was the review of the management compensation program for State managers and to provide recommendations to the Governor's Office.

EVELYN CHIN  
Parkhaven Way  
Sacramento, CA 95831

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Education and Experience

WORK HISTORY

Retired 5/1/07

6/24/97 to 4/30/07                      *Career Executive Assignment*                      California Dept of Insurance

Chief of the Human Resources Management Division for a department with major offices in Sacramento, San Francisco, and Los Angeles and field offices in Southern, Central, and Northern California. Had overall management responsibilities for the department's human resources functions which included: Classification and Compensation, Progressive Employee Discipline, Medical Issues, Examination/Selection, Employee Benefits/payroll, Worker's Compensation, Injury Prevention, Health/Safety, Labor Relations and Training/Merit Awards.

05/18/94 to 6/23/97                      *Staff Services Manager II*                      California Dept of Insurance

Personnel Officer for a department with major offices in Sacramento, San Francisco, and Los Angeles and field offices in Southern, Central, and Northern California. Had overall management responsibilities for the department's human resources functions which included: Classification and Compensation, Progressive Employee Discipline, Medical Issues, Examination/Selection, Employee Benefits and Payroll, Worker's Compensation, and Injury Prevention.

11/14/91 to 05/17/94                      *Staff Services Manager I*                      Department of Motor Vehicles

Personnel Operations Manager for the department's Executive Branch, the divisions of Administration, EDP, Program and Policy Administration, and Investigation and Occupational Licensing; and Office of Real Estate Appraisers and New Motor Vehicle Board. Managed a staff of Associate Analysts whose responsibilities include conducting classification and pay studies, issue papers, feasibility studies, and organizational studies; preparing adverse actions; processing medical evaluations; providing guidance to managers, supervisors, and employees regarding personnel laws and rules.

07/01/91 to 11/13/91                      *Staff Services Manager III*                      Department of Motor Vehicles  
(Emergency appointment)

Chief of the Human Resources Division for a department with over 9,000 employees located in field offices which were throughout the State. Managed and directed a staff of about 115 employees who were responsible for the department's Classification and Pay, Adverse Action, Examination/Selection, Worker's Compensation/Return to Work, Transaction/Payroll, Employee Benefits, LIFE, and Employee Assistance programs.

04/01/89 to 06/30/91

*Staff Services Manager I*

Department of Motor Vehicles

Manager of Personnel Operations Unit I. Managed a staff of Associate Personnel Analysts whose responsibilities included conducting classification and pay studies, issue papers, feasibility studies, and organizational studies; preparing adverse actions; processing medical evaluations; providing guidance to managers, supervisors, and employees regarding personnel laws and rules; and administering the Employee Assistance, Return to Work and Workers' Compensation programs.

02/01/87 to 03/31/89

*Staff Services Manager I*

Department of Motor Vehicles

Manager of the Exam/Certification Unit. Managed a staff of four Associate Analysts, two Personnel Technicians II (Spec./Supv.). The unit is responsible for developing, planning and administering all civil service exams for the department which include both departmental classes as well as service wide classes; and have the responsibility of the certification process for departmental employment lists.

04/01/84 to 01/31/87

*Associate Personnel Analyst*

Departmental of Motor Vehicles

Responsible for developing, planning and administering civil service exams for the department which included CEA exams. Review and analyze SPB policies and procedures and determine its impact on the department's selection program.

07/10/79 to 03/31/84

*Assoc. Gov. Prog. Analyst/SSA*

Department of Motor Vehicles -EEO

Responsible for all aspects of the Affirmative Action and Upward Mobility programs for the assigned divisions. Establish, review and revise departmental policies and procedures. Interpreted various personnel laws and rules and advised employees. Reviewed and analyzed classification revisions and State Personnel Board proposed policy changes. Wrote memos for the director and other staff members' signature. Responsible for career counseling and investigating discrimination complaints. Also, was responsible for the department's Disabled and Women's programs.

06/10/74 to 01/30/78;  
03/03/79 to 07/09/79

*Program Technician II*

Department of Motor Vehicles

Work at the DMV Field Office and Headquarters Operation performing technical vehicle registration functions.

02/01/78 to 03/02/79

*Personnel Assistant*

State Controller's Office

Analyze, audit and process payroll documents; and handle contacts with various state agencies.

08/01/73 to 05/30/74

*Director and Teacher*

Private Preschool

Organize and direct all operations of preschool. Supervise and direct a staff of teachers.

## EDUCATION

### B. S. Degree in Child Development

Related courses completed are:

Role of the Public Manager in the

Changing Environment (Certificate Program from UOP)

Abnormal Psychology

Sociology

Management and Supervision

Investigative Report Writing

Ethnic Studies

Supervisor's Role in Career Development

Public Administration

Completed Staff Work

Effective Writing

Training for Supervisors of Office Occupation Clerks

Sexual Harassment--Fact/Myth

Developing Analytical Skills

Contract Administration

Strategy for Handling Conflict

Program Analysis and Evaluation for Analyst

Assertiveness Training for Managers

Chairing Oral Examinations

Selection Process

Adverse Actions

Classification/Pay

Leadership and Motivation



# City of Sacramento

## Application for Appointment to Boards/Commissions and Committees

RECEIVED  
CITY CLERK'S OFFICE  
CITY OF SACRAMENTO

2010 FEB 12 P 1:44

**INSTRUCTIONS:** Provide all information requested; use blue or black ink; any attachments must be single sided on 8.5 x 11 paper. If you will be representing an organization, you must include a letter from the organization recommending you as their representative. Note: All information provided on this form is a public record. Return this completed application form to: Office of the City Clerk, Historic City Hall, 915 I Street, 1<sup>st</sup> Floor, Sacramento, CA 95814. Tel: (916) 808-7200.

**IMPORTANT:** Letters of recommendation are optional. If you choose to include a letter it must be submitted as part of this application. Letters will not be accepted after your application is filed with the City Clerk's Office.

BOARD / COMMISSION OR COMMITTEE NAME: Compensation Commission

CATEGORY FOR WHICH YOU ARE APPLYING: At Large  
Description Category Letter

Name of Company/Organization Being Represented (if applicable): N/A  
 Company/Organization Authorization Letter Attached (if applicable to qualifications of category)

Applicant Name: Hopkins Brett William E-Mail: \_\_\_\_\_  
First Middle

Home Address: \_\_\_\_\_ Sutley Cir. Sacramento CA 95835  
Street # Street Name City State Zip

Mailing Address (if different than home address): \_\_\_\_\_ N/A  
Street # Street Name City State Zip

Resident of City Council District No: 1 Community Planning Area No.: \_\_\_\_\_  
If applicable

Home Telephone: 916- \_\_\_\_\_ Business Telephone: 916- \_\_\_\_\_

Please state the reason you would like to be a member of this board/commission (or attach): I would love to be a member of this board. I am a financial Advisor, I angoul with money I love politics. I attend city Hall meetings regularly. I will take this very seriously And you can count on me! I listen well and am commanite

Are you currently, or have you in the past, served on an advisory group? Circle: (Yes) / No If yes, state the name of the group and how that service supports your application (or attach).  
I am on the External Affairs Committee for my (H.O.A.) Home Owners Association "Westlake"

Do you, or an immediate family member, have any relationship (professional, financial, other) that may present a potential conflict of interest for this advisory group? Circle: Yes / (No)

If yes, please explain: \_\_\_\_\_

**BACKGROUND INFORMATION**

You may also attach a resume reflecting experience, community activities or other qualifications not listed below that would be helpful to the Council in evaluating your application.

EDUCATION: CSUS - Business Finance, Sierra College, Granite Bay HS

WORK EXPERIENCE: List names, addresses and dates of employment for the last five (5) years. Attach additional sheets of paper if needed.

**CURRENT EMPLOYER:**

FROM: MO 04 DAY 26 YR 09 EMPLOYER NAME: Hopkins Capital Management, Inc.  
TO: MO current DAY      YR      ADDRESS:      Campus Commons Rd. Suite 200  
Street # Street Name City State Sacramento, CA 95825  
DUTIES: Financial Advising, CEO,

**PRIOR EMPLOYER(S):**

FROM: MO 03 DAY 01 YR 08 EMPLOYER NAME: Edward Jones  
TO: MO 04 DAY 26 YR 09 ADDRESS: 5150 Fair Oaks Blvd. Carmichael, CA  
Street # Street Name City State  
DUTIES: Financial Advising,

FROM: MO 06 DAY 1 YR 07 EMPLOYER NAME: Ameriprise Financial  
TO: MO 12 DAY 30 YR 07 ADDRESS: 1420 Rocky Ridge Blvd. Roseville, 95661  
Street # Street Name City State  
DUTIES: Financial Advising

FROM: MO 06 DAY 1 YR 07 EMPLOYER NAME: Chevy's  
TO: MO 11 DAY 30 YR 07 ADDRESS: 1369 Garde Hwy Sacramento, 95833  
Street # Street Name City State  
DUTIES: Bar/ender/Server

BUSINESS ENTERPRISES: List business name including fictionous name and address of any business enterprises currently or previously owned or operated.

FROM: MO 04 DAY 26 YR 09 BUSINESS NAME: Hopkins Capital Management, HCM,  
TO: MO current DAY      YR      ADDRESS: 777 Campus Commons Rd. Suite 200  
Street # Street Name City State Sacramento  
TYPE OF BUSINESS OR SERVICE RENDERED: Financial Services

CITY OF SACRAMENTO -  
APPLICATION FOR APPOINTMENT

Brett Hopkins  
APPLICANT NAME

FROM: MO 1 DAY 1 YR 01 BUSINESS NAME: Wealth Management Innovations  
TO: MO 12 DAY 30 YR 04 ADDRESS: 270 Sutley Cir. Sacramento, 95835  
Street # Street Name City State  
TYPE OF BUSINESS OR SERVICE RENDERED: Telecommunications Marketing

**FELONY CONVICTIONS:** A felony conviction is not necessarily a bar to appointment. Each case is considered separately based on requirements of the position. However, failure to list felony convictions may result in disqualification.

Have you ever been convicted of a felony? If yes, please indicate for each conviction, the date of the conviction, the location of the court of conviction, and the exact denomination of the offense resulting in conviction: N/A

**CIVIL ACTIONS:** List each civil action, if any, in which punitive or exemplary damages have been assessed against you, indicating in each instance the date of the trial, court judgment and the location of the court which rendered the judgment: N/A

I DECLARE, UNDER PENALTY OF PERJURY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

Signature: Brett Hopkins Date: 2/11/10  
(original signature is required) <sup>Box</sup>

**DISCLOSURE AND REGULATORY REQUIREMENTS**

**City Code Section 2.40.060: Conflict of Interest Disclosure** - If a Statement of Economic Interests Form 700 is required for this position (see announcement), the form must be filed with the Office of the City Clerk prior to beginning service. The City Clerk will provide appointees with the filing form and instructions. Official status to serve will be delayed until the form is filed with the Office of the City Clerk.

**City Code Section 2.40.010: Attendance** - Board/commission members are required to attend meetings on a regular basis, and may be removed if a member does not attend three consecutive regularly scheduled meetings. If appointed, will you be able to attend meetings regularly and devote the time necessary to fulfill your duties as a member? Circle: Yes / No

**City Resolution 2007-653: Mandatory Ethics Training** - Board/commission members are required to satisfy the local ethics training requirement mandated by Government Code Sections 53234 et seq. and may be removed if proof of attendance is not filed with the Office of the City Clerk within 60 days of appointment. Appointees will be provided with an on-line training resource. If appointed, will you be able to complete the training within 60 days? Circle: Yes / No

**ACCOMMODATION INFORMATION**

PLEASE IDENTIFY ANY SPECIALIZED ACCOMMODATIONS NEEDED FOR EQUAL PARTICIPATION: \_\_\_\_\_



HOPKINS | CAPITAL | MANAGEMENT

"I am very pleased with the debt reduction program that Brett Hopkins has set up for me. At last I can finally see a way out of my debts. The plan shows the date that I will finally be debt free and is easy to implement. I have already paid off one credit card debt and am working on the second one. This plan has given me a great sense of relief and I highly recommend it to others in the same situation as I am."

"My husband and I just started working with Hopkins Capital Management. Over the last year, we had been watching our investments (IRA and 401k) dwindle, while the amount we owed to credit cards grew. Brett has been able to give us a concrete plan to pay off debts while building investments -- as a result, we have already just paid off a credit card!"

"The debt reduction program that we have set up with Brett Hopkins allows us to focus on taking care of one large debt at a time and rolling those payments over to the next debt. This program is easy to implement and understand. We finally see a workable method for us to get out of debt and start accumulating wealth. Thank you Brett!"

**Hopkins Capital Management, Inc.** is a fee-only Registered Investment Advisor Firm that prides itself on unparalleled service and performance. Our fee-only approach allows us to serve you without compromise. We do not work on a commission basis, nor do we benefit from recommending any particular course of action. As a result, we provide unbiased advice and prudent strategies for investing. Our services are tailored to your unique needs:

- Estate Planning
- Risk Management
- Cash Flow Analysis
- Debt Management
- Investment Management
- Retirement Planning
- Tax Planning and Management



**Brett Hopkins**  
*Financial Advisor*

Brett Hopkins started his career in the investment industry in 1999. He has worked for companies such as Merrill Lynch, Ameriprise Financial and Edward Jones. He is a Registered Investment Advisor with the State of California. He is dedicated to helping clients identify and reach their financial goals by making intelligent financial investment decisions.

**Hopkins Capital Management, Inc.**  
Campus Commons Rd.  
Suite 200  
Sacramento, CA 95825



# City of Sacramento

RECEIVED  
CITY CLERK'S OFFICE  
CITY OF SACRAMENTO

## Application for Appointment to Boards/Commissions and Committees

2000 NOV 25 A 9:24

**INSTRUCTIONS:** Provide all information requested; use blue or black ink; any attachments must be single sided on 8.5 x 11 paper. If you will be representing an organization, you must include a letter from the organization recommending you as their representative. Note: All information provided on this form is a public record. Return this completed application form to: Office of the City Clerk, Historic City Hall, 915 I Street, 1<sup>st</sup> Floor, Sacramento, CA 95814. Tel: (916) 808-7200.

**IMPORTANT:** Letters of recommendation are optional. If you choose to include a letter it must be submitted as part of this application. Letters will not be accepted after your application is filed with the City Clerk's Office.

BOARD / COMMISSION OR COMMITTEE NAME: COMPENSATION COMMISSION

CATEGORY FOR WHICH YOU ARE APPLYING: PUBLIC AT-LARGE A  
Description Category Letter

- Name of Company/Organization Being Represented (if applicable): \_\_\_\_\_
- Company/Organization Authorization Letter Attached (if applicable to qualifications of category)

Applicant Name: KAWADA DAVID AKIRA E-Mail: \_\_\_\_\_  
Last First Middle

Home Address: CLAYTON WAY, SACRAMENTO CA 95835  
Street # Street Name City State Zip

Mailing Address (if different than home address): \_\_\_\_\_  
Street # Street Name City State Zip

Resident of City Council District No: 1 Community Planning Area No.: \_\_\_\_\_  
If applicable

Home Telephone: (916) \_\_\_\_\_ Business Telephone: (916) \_\_\_\_\_

Please state the reason you would like to be a member of this board/commission (or attach): I WOULD LIKE TO SERVE THE CITY OF SACRAMENTO AND I HAVE EXPERIENCE SERVING ON AN ADVISORY GROUP. I BELIEVE I HAVE THE SKILLS NECESSARY TO BE A MEMBER OF THE COMPENSATION COMMISSION.

Are you currently, or have you in the past, served on an advisory group? Circle: Yes / No If yes, state the name of the group and how that service supports your application (or attach).  
VICE CHAIR, NATOMAS COMMUNITY PLANNING ADVISORY COUNCIL (COUNTY OF SACRAMENTO). SEE ATTACHED RESUME.

Do you, or an immediate family member, have any relationship (professional, financial, other) that may present a potential conflict of interest for this advisory group? Circle: Yes / No

If yes, please explain: \_\_\_\_\_

**BACKGROUND INFORMATION**

**You may also attach a resume** reflecting experience, community activities or other qualifications not listed below that would be helpful to the Council in evaluating your application.

EDUCATION: SEE ATTACHED RESUME

**WORK EXPERIENCE:** List names, addresses and dates of employment for the last five (5) years. Attach additional sheets of paper if needed.  
SEE ATTACHED RESUME

**CURRENT EMPLOYER:**

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ EMPLOYER NAME: \_\_\_\_\_

TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES: \_\_\_\_\_

**PRIOR EMPLOYER(S):**

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ EMPLOYER NAME: \_\_\_\_\_

TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES: \_\_\_\_\_

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ EMPLOYER NAME: \_\_\_\_\_

TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES: \_\_\_\_\_

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ EMPLOYER NAME: \_\_\_\_\_

TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES: \_\_\_\_\_

**BUSINESS ENTERPRISES:** List business name including fictitious name and address of any business enterprises currently or previously owned or operated.

NONE

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ BUSINESS NAME: \_\_\_\_\_

TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

TYPE OF BUSINESS OR SERVICE RENDERED: \_\_\_\_\_

CITY OF SACRAMENTO -  
APPLICATION FOR APPOINTMENT

DAVID KAWADA  
APPLICANT NAME

FROM: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ BUSINESS NAME: \_\_\_\_\_

TO: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

TYPE OF BUSINESS OR SERVICE RENDERED: \_\_\_\_\_

**FELONY CONVICTIONS:** A felony conviction is not necessarily a bar to appointment. Each case is considered separately based on requirements of the position. However, failure to list felony convictions may result in disqualification.

Have you ever been convicted of a felony? If yes, please indicate for each conviction, the date of the conviction, the location of the court of conviction, and the exact denomination of the offense resulting in conviction: \_\_\_\_\_

NO

**CIVIL ACTIONS:** List each civil action, if any, in which punitive or exemplary damages have been assessed against you, indicating in each instance the date of the trial, court judgment and the location of the court which rendered the judgment: \_\_\_\_\_

NONE

I DECLARE, UNDER PENALTY OF PERJURY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

Signature: David Kawada  
(original signature is required)

Date: 11-23-09

**DISCLOSURE AND REGULATORY REQUIREMENTS**

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**ACCOMMODATION INFORMATION**

PLEASE IDENTIFY ANY SPECIALIZED ACCOMMODATIONS NEEDED FOR EQUAL PARTICIPATION: NONE

**David Kawada**  
**Clayton Way**  
**Sacramento, CA 95835**

**(916)**

**(916)**

**e-mail address:**

**Community Activities:**

**Vice-Chair, Natomas Community Planning Advisory Council**

(May 2006 – Present) - Appointed by the Sacramento County Board of Supervisors. In a public meeting setting, reviews and makes recommendations on planning applications in the Natomas region of Sacramento County. Chairs meetings when the chairperson of the council is unavailable. Recommendations of the Natomas Community Planning Advisory Council are forwarded to the Sacramento County Planning Commission and Board of Supervisors.

**Board Member and Chief Financial Officer, Families with Children from China – Northern California Chapter**

(May 2009 – Present) - Treasurer of the Northern California chapter. The chapter is made up of 600+ families in Northern California who have adopted children from China.

**Employment:**

**Information Security Analyst,**

**State Compensation Insurance Fund,**

2275 Gateway Oaks Dr, Sacramento, CA 95833

(April 2009 – Present) – Provides support in the Information Technology department to improve and maintain data security at State Compensation Insurance Fund.

**Internal Auditor,**

**State Compensation Insurance Fund,**

2275 Gateway Oaks Dr, Sacramento, CA 95833

(June 2008 – April 2009) - As an internal auditor, I audited business processes and made recommendations in order to improve internal controls. Researched relevant industry best practices, state and federal laws and government codes, and department policies and procedures. Interviewed staff. Reviewed documentation. Verbally presented audit findings. Wrote audit reports. Performed audits in accordance with internal auditing and information systems auditing standards promulgated by the Institute of Internal Auditors (IIA) and the Information Systems Audit and Control Association (ISACA).

I believe my skills as an internal auditor will be helpful in regards to researching the subject of the compensation of public officials and making a proper recommendation on the compensation of Sacramento's public officials.

**Internal Auditor,**

**California Public Employees' Retirement System,**

400 Q Street, Sacramento, CA 95811

(April 2000 – June 2008)

**Education:**

**San Francisco State University**  
M.B.A., Business Administration  
Date of Graduation: January 1991

**University of California, Berkeley**  
B.A., Political Science  
Date of Graduation: May 1988

**John F. Kennedy High School**  
Sacramento, CA  
Date of Graduation: May 1984

**Certifications:**

**Certified Internal Auditor (CIA), Certified Information Systems Auditor (CISA), Certified Information Systems Security Professional (CISSP)**



# City of Sacramento

RECEIVED  
CITY CLERK'S OFFICE  
CITY OF SACRAMENTO

## Appointment to Boards/Commissions and Committees

2008 OCT 23 A 11: 33

**INSTRUCTIONS:** Provide all information requested; use blue or black ink; any attachments must be single sided on 8.5 x 11 paper. If you will be representing an organization, you must include a letter from the organization recommending you as their representative. Note: All information provided on this form is a public record. Return this completed application form to: Office of the City Clerk, Historic City Hall, 915 I Street, 1<sup>st</sup> Floor, Sacramento, CA 95814. Tel: (916) 808-7200.

**IMPORTANT:** Letters of recommendation are optional. If you choose to include a letter it must be submitted as part of this application. Letters will not be accepted after your application is filed with the City Clerk's Office.

BOARD / COMMISSION OR COMMITTEE NAME: Compensation Commission  
CATEGORY FOR WHICH YOU ARE APPLYING: Public at Large A  
Description Category Letter

Name of Company/Organization Being Represented (if applicable): \_\_\_\_\_  
 Company/Organization Authorization Letter Attached (if applicable to qualifications of category)

Applicant Name: Pierce Sandra Phyllis  
Home Address: \_\_\_\_\_  
Street # Street Name City State Zip

Mailing Address (if different than home address): \_\_\_\_\_  
Street # Street Name City State Zip

Resident of City Council District No: 8 Community Planning Area No.: \_\_\_\_\_  
Renumerated If applicable

Home Telephone: (916) Business Telephone: (916)

Please state the reason you would like to be a member of this board/commission (or attach):  
See attached Statement

Are you currently, or have you in the past, served on an advisory group? Circle: Yes / No If yes, state the name of the group and how that service supports your application (or attach).

Do you, or an immediate family member, have any relationship (professional, financial, other) that may present a potential conflict of interest for this advisory group? Circle: Yes / No

If yes, please explain: \_\_\_\_\_

*Andres P. Plencia*  
APPLICANT NAME

**BACKGROUND INFORMATION**

You may also attach a resume reflecting experience, community activities or other qualifications not listed below that would be helpful to the Council in evaluating your application.

EDUCATION: B.A. Psychology

WORK EXPERIENCE: List names, addresses and dates of employment for the last five (5) years. Attach additional sheets of paper if needed.

**CURRENT EMPLOYER:**

FROM: MO \_\_\_ DAY 1975 YR \_\_\_ EMPLOYER NAME: State of California

TO: MO \_\_\_ DAY Present ADDRESS: P Street DB 8 Sac Ca 95832  
Street # Street Name City State

DUTIES: Analyst

**PRIOR EMPLOYER(S):**

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ EMPLOYER NAME: \_\_\_\_\_

TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES: \_\_\_\_\_

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ EMPLOYER NAME: \_\_\_\_\_

TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES: \_\_\_\_\_

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ EMPLOYER NAME: \_\_\_\_\_

TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES: \_\_\_\_\_

**BUSINESS ENTERPRISES:** List business name including fictitious name and address of any business enterprises currently or previously owned or operated.

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ BUSINESS NAME: \_\_\_\_\_

TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

TYPE OF BUSINESS OR SERVICE RENDERED: \_\_\_\_\_

CITY OF SACRAMENTO -  
APPLICATION FOR APPOINTMENT

*Sandra P. Pierce*  
APPLICANT NAME

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ BUSINESS NAME: \_\_\_\_\_

TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

TYPE OF BUSINESS OR SERVICE RENDERED: \_\_\_\_\_

**FELONY CONVICTIONS:** A felony conviction is not necessarily a bar to appointment. Each case is considered separately based on requirements of the position. However, failure to list felony convictions may result in disqualification.

Have you ever been convicted of a felony? If yes, please indicate for each conviction, the date of the conviction, the location of the court of conviction, and the exact denomination of the offense resulting in conviction: \_\_\_\_\_

*no*

**CIVIL ACTIONS:** List each civil action, if any, in which punitive or exemplary damages have been assessed against you, indicating in each instance the date of the trial, court judgment and the location of the court which rendered the judgment: \_\_\_\_\_

*no*

I DECLARE, UNDER PENALTY OF PERJURY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

Signature: *Sandra Phyllis Pierce*  
(original signature is required)

Date: *10/22/2008*

**DISCLOSURE AND REGULATORY REQUIREMENTS**

**City Code Section 2.40.060: Conflict of Interest Disclosure** - If a Statement of Economic Interests Form 700 is required for this position (see announcement), the form must be filed with the Office of the City Clerk prior to beginning service. The City Clerk will provide appointees with the filing form and instructions. Official status to serve will be delayed until the form is filed with the Office of the City Clerk.

**City Code Section 2.40.010: Attendance** - Board/commission members are required to attend meetings on a regular basis, and may be removed if a member does not attend three consecutive regularly scheduled meetings. If appointed, will you be able to attend meetings regularly and devote the time necessary to fulfill your duties as a member? Circle: Yes / No

**City Resolution 2007-653: Mandatory Ethics Training** - Board/commission members are required to satisfy the local ethics training requirement mandated by Government Code Sections 53234 et seq. and may be removed if proof of attendance is not filed with the Office of the City Clerk within 60 days of appointment. Appointees will be provided with an on-line training resource. If appointed, will you be able to complete the training within 60 days? Circle: Yes / No

**ACCOMMODATION INFORMATION**

PLEASE IDENTIFY ANY SPECIALIZED ACCOMMODATIONS NEEDED FOR EQUAL PARTICIPATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Sandra P. Pierce

### **Compensation Commission**

I am interested in the Compensation Commission because I want to contribute to fair and equitable employment decisions. I believe I can be a fair and impartial member.

I am also a concerned citizen and want to have input and impact on the financial decisions and in the city and County in which I live and pay taxes.

Currently, as an Associate Analyst, I provide interpretation and implementation of laws and rules to others on a daily basis. I have knowledge of the employment & budgeting.

In the past, I have been trained as an examination proctor and participated in job recruitment in State Service. Some of the responsibilities included calculation of personnel, equipment and personal service benefit costs.

**Sandra Phyllis Pierce**  
\_\_\_\_\_  
**Celebrity Street**  
**Sacramento, CA 95832**

**OBJECTIVE:** **Compensation Commission – City of Sacramento**

**EDUCATION:** University of California  
Berkeley, CA  
B.A. Letters & Science (Industrial Psychology)

**EXPERIENCE:** State of California Department of Social Services  
\_\_\_\_\_  
P Street MS 6-140  
Sacramento, CA 95814

CaWORKs Child Care Program      03/04 to present  
AGPA

Analyze, review and comment on proposed State and Federal legislation relating to child cares services for Welfare to Work clients. Advise management of potential impact; and prepare background information to be used for briefing managers or deputy director. Prepare bill analysis and project waiver documents. Assist with providing technical assistance and monitoring of the State of California's WTW child care program in coordination with the Department of Education.

**EXPERIENCE:** State of California Department of Social Services  
744 P Street  
Sacramento, CA 95814

Food Stamp Program      12/01 to 12/03  
AGPA

Under the direction of staff services manager, I was involved in policy development and implementation, legislative bill analysis and special projects requiring research, analysis and reporting. The promulgation of program regulations was performed in response to federal and/or state law changes or litigation. I was responsible for a variety of activities associated with implementing and interpreting changes to the Food Stamp program. Responsible for federal/state forms design/changes and distribution. I provided technical guidance to county, other programs, administrative law judges, stakeholders and public inquiries and other duties as required or assigned.

Received the Best of the Best Award and Merit Award 2004. **Projects:**  
Implementation of Welfare Reform 1996 and Electronic Benefit Transfer (EBT)

**EXPERIENCE:** State of California Department of Social Services  
2525 Natomas Park #250 Fraud Bureau  
Sacramento, CA 95814

AGPA

12/00 to 12/01  
M-F 40 hrs/wk

Responsible for coordinating statewide implementation of major projects designed to prevent and deter fraud through application of the most current electronic technology such as biometrics. Conduct meetings with vendors, federal agencies, other state agencies, and California counties. Assist in developing project scope and objectives, writing planning documents, training instruction and final implementation schedules. Responsible for legislative analysis and tracking.

**Project:** Statewide Finger Print Imaging (SFIS)

**EXPERIENCE:** State of California DSS  
Sacramento, CA

Office of Child support  
AGPA

06/96 to 12/00  
M-F 40 hrs/wk

Conducted annual Child Support Performance/Audit Review of the counties' District Attorney Offices. Prepares a report of the compliance and makes recommendations for improvement. Conducts training, perform budget, legislative and business analysis. Assist with providing technical assistance and electronic monitoring of the program in the establishment/collection of child support orders/payments.

Received nomination for BEST of the BEST Award.

**Accomplishment:** Developed a more efficient monitoring tool and procedure.

**EXPERIENCE:** State of California DSS  
Sacramento, CA

Disability Evaluation Division  
Disability Evaluation Analyst

10/91 to 06/96  
M-F 40 hrs/wk

Responsible for investigation and adjudication of Social Security Disability Claims. Compiling and interpreting medical and vocational information resulting in an eligibility determination and a residual functioning capacity. High public, medical/vocational professional contact and prepare electronic notice/explanation of determination responsibility.

## **Supervisory Experience**

### **Employment Development Department**

#### **Disability Insurance Program Supervisor (1988 -1991; 3 years)**

Under the direction of the Regional Administrator and Branch Chief, I was responsible for the supervision of a staff of 9 claims representatives and 3 support staff. My responsibilities included the operation and monitoring of the customer services/callcenter, automated claims adjudication, worker's compensation, case workload distribution, public outreach, medical consultant recruitment, program representative recruitment, staff development, performance evaluation and training.

### **Department of Health Services**

#### **Office Services Supervisor (1979 -1981; 2 years)**

##### **Medi-Cal Surveillance and Utilization Unit**

Under the direction of the Regional Administrator, directed/distributed the workload and explained the medi-cal recoupment process. Responsible for the supervision and personnel actions for a staff of 4 support staff and 1 Dental Assistant. Reviewed medi-cal billing reports, arranged medi-cal providers office reviews/audits, and responsible for the provider review/audit reports.



# City of Sacramento

## Application for Appointment to Boards/Commissions and Committees

RECEIVED  
CITY CLERK'S OFFICE  
SACRAMENTO

**INSTRUCTIONS:** Provide all information requested; use blue or black ink; any attachments must be on single sided 8 1/2 x 11 paper. If you will be representing an organization, you must include a letter from the organization recommending you as their representative. Note: All information provided on this form is a public record. Return this completed application form to: Office of the City Clerk, Historic City Hall, 915 I Street, 1<sup>st</sup> Floor, Sacramento, CA 95814. Tel: (916) 808-7200.

**IMPORTANT:** Letters of recommendation are optional. If you choose to include a letter it must be submitted as part of this application. Letters will not be accepted after your application is filed with the City Clerk's Office.

BOARD / COMMISSION OR COMMITTEE NAME: Compensation Commission

CATEGORY FOR WHICH YOU ARE APPLYING: Public-at-large A  
Description Category Letter

- Name of Company/Organization Being Represented (if applicable): \_\_\_\_\_
- Company/Organization Authorization Letter Attached (if applicable to qualifications of category)

Applicant Name: Vuckovich Alexander John  
Last First Middle

Home Address: \_\_\_\_\_ Sherwood Avenue Sacramento CA 95822  
Street # Street Name City State Zip

Mailing Address (if different than home address): P.O. Box \_\_\_\_\_ Sacramento CA 95822  
Street # Street Name City State Zip

Resident of City Council District No: 4 Community Planning Area No.: \_\_\_\_\_  
Required If applicable

Home Telephone: (916) \_\_\_\_\_ Business Telephone: (916) \_\_\_\_\_

Please state the reason you would like to be a member of this board/commission (or attach): \_\_\_\_\_

I feel that this position would provide an excellent opportunity to learn more about the city's decision making process.

Are you currently, or have you in the past, served on an advisory group? Circle: (Yes) / No If yes, state the name of the group and how that service supports your application (or attach).

I am presently serving on the Ann Land-Bertha Henschel Memorial Funds Commission. It provided an excellent opportunity to serve the community.

Do you, or an immediate family member, have any relationship (professional, financial, other) that may present a potential conflict of interest for this advisory group? Circle: Yes / (No)

If yes, please explain: \_\_\_\_\_

**BACKGROUND INFORMATION**

You may also attach a resume reflecting experience, community activities or other qualifications not listed below that would be helpful to the Council in evaluating your application.

EDUCATION: Sacramento City College A.A. (Social Science) California  
State University Sacramento B.A. (Government)

WORK EXPERIENCE: List names, addresses and dates of employment for the last five (5) years. Attach additional sheets of paper if needed.

**CURRENT EMPLOYER:**

FROM: MO 4 DAY 1 YR 99 EMPLOYER NAME: State of California <sup>Employment</sup> Development Dept.

TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: 800 Capitol Mall Sacramento CA  
Street # Street Name City State

DUTIES: opening and sorting mail, answering phones, messenger runs,  
copy machine maintenance.

**PRIOR EMPLOYER(S):**

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ EMPLOYER NAME: \_\_\_\_\_

TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES: \_\_\_\_\_

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ EMPLOYER NAME: \_\_\_\_\_

TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
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FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ EMPLOYER NAME: \_\_\_\_\_

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TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

TYPE OF BUSINESS OR SERVICE RENDERED: \_\_\_\_\_

CITY OF SACRAMENTO -  
APPLICATION FOR APPOINTMENT

Alexander J. Vuckovich  
APPLICANT NAME

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ BUSINESS NAME: \_\_\_\_\_

TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

TYPE OF BUSINESS OR SERVICE RENDERED: \_\_\_\_\_

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Have you ever been convicted of a felony? If yes, please indicate for each conviction, the date of the conviction, the location of the court of conviction, and the exact denomination of the offense resulting in conviction: NO

**CIVIL ACTIONS:** List each civil action, if any, in which punitive or exemplary damages have been assessed against you, indicating in each instance the date of the trial, court judgment and the location of the court which rendered the judgment: \_\_\_\_\_

I DECLARE, UNDER PENALTY OF PERJURY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

Signature: Alexander Vuckovich Date: 11-13-2008  
(original signature is required)

**DISCLOSURE AND REGULATORY REQUIREMENTS**

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