

Agency Report of: Public Official Appointments

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|---|-----------------------------------|--|---|
| 1. Agency Name City of San Ramon Division, Department, or Region (If Applicable) | | JAN 15 2020 City Clerk City of San Ramon, CA | California Form 806 For Official Use Only |
| Designated Agency Contact (Name, Title) Christina Franco, City Clerk | | | Date Posted: 01/15/2020 (Month, Day, Year) |
| Area Code/Phone Number 925-997-2504 | E-mail cfranco@sanramon.ca.gov | Page 1 of 1 | |

2. Appointments

| Agency Boards and Commissions | Name of Appointed Person | Appt Date and Length of Term | Per Meeting/Annual Salary/Stipend |
|--|--|---|---|
| Central Contra Costa Transit Authority | ▶ Name <u>Dave Hudson</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small> | ▶ <u>01 / 14 / 20</u> <small>Appt Date</small> ▶ <u>one year</u> <small>Length of Term</small> | ▶ Per Meeting: \$ <u>100.00</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ <small>Other</small> |
| Tri Valley Transportation Council | ▶ Name <u>Scott Perkins</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small> | ▶ <u>01 / 14 / 20</u> <small>Appt Date</small> ▶ <u>one year</u> <small>Length of Term</small> | ▶ Per Meeting: \$ <u>100.00</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ <small>Other</small> |
| | ▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small> | ▶ ____ / ____ / ____ <small>Appt Date</small> ▶ _____ <small>Length of Term</small> | ▶ Per Meeting: \$ _____ ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ <small>Other</small> |
| | ▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small> | ▶ ____ / ____ / ____ <small>Appt Date</small> ▶ _____ <small>Length of Term</small> | ▶ Per Meeting: \$ _____ ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ <small>Other</small> |

3. Verification

I have read and understand FPPC Regulation 18702.5. I have verified that the appointment and information identified above is true to the best of my information and belief.

| | | | |
|---|--------------------------------|---------------------|--------------------------------|
|  Signature of Agency Head or Designee | Christina Franco Print Name | City Clerk Title | 01/15/19 (Month, Day, Year) |
|---|--------------------------------|---------------------|--------------------------------|

Comment: _____