

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name City of Lafayette		<div style="border: 1px solid black; padding: 5px;"> RECEIVED MAR 16 2018 CITY OF LAFAYETTE </div>	California Form 806 For Official Use Only
Division, Department, or Region (If Applicable) City Council			Date Posted: March 16, 2018 <small>(Month, Day, Year)</small>
Designated Agency Contact (Name, Title) Joanne Robbins, City Clerk			
Area Code/Phone Number 925-284-1968	E-mail jrobbins@ci.lafayette.ca.us	Page <u>1</u> of <u>1</u>	

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Central Contra Costa Solid Waste Authority	▶ Name <u>Anderson, Mike</u> <small>(Last, First)</small> Alternate, if any <u>Mitchell, Mark</u> <small>(Last, First)</small>	▶ <u>1 / 1 / 18</u> <small>Appt Date</small> ▶ <u>No term limit</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</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"/> <u>Other</u>
Central Contra Costa Transit Authority (CCCTA)	▶ Name <u>Tatzin, Don</u> <small>(Last, First)</small> Alternate, if any <u>Burks, Cam</u> <small>(Last, First)</small>	▶ <u>1 / 1 / 18</u> <small>Appt Date</small> ▶ <u>No term limit</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"/> <u>Other</u>
	▶ 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"/> <u>Other</u>
	▶ 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"/> <u>Other</u>

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.

 <small>Signature of Agency Head or Designee</small>	Steven Falk <small>Print Name</small>	City Manager <small>Title</small>	3/18/2018 <small>(Month, Day, Year)</small>
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Comment: _____