Agency Report of:
Public Official Appointments

A Public Document

1. Agency Name

City of Lafayette

Division, Department, or Region *(If Applicable)*

Designated Agency Contact *(Name, Title)*

Joanne Robbins

Area Code/Phone Number: 9252841968

E-mail: jrobbins@ci.lafayette.ca.us

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California Form **806**
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Date Posted: 08/14/2025 *(Month, Day, Year)*

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
CCC Solid Waste Authority	Name: Stella Wotherspoon *(Last, First)* Alternate, if any: John McCormick *(Last, First)*	Appt Date: Length of Term: 01/13/2025	Per Meeting: $ 50 Estimated Annual: ■ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
CCTA	Name: Susan Candell *(Last, First)* Alternate, if any: Stella Wotherspoon *(Last, First)*	Appt Date: Length of Term: 08/11/2025	Per Meeting: $ 100 Estimated Annual: ■ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
CCCTA	Name: Don Tatzin *(Last, First)* Alternate, if any: Jim Cervantes *(Last, First)*	Appt Date: 1/13/2025 Length of Term: 01/14/2025	Per Meeting: $ 100 Estimated Annual: ■ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
	Name: *(Last, First)* Alternate, if any: *(Last, First)*	Appt Date: Length of Term:	Per Meeting: $ Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other

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.

Niroop Srivatsa — *Signature of Agency Head or Designee*

Niroop K. Srivatsa — *Print Name*

City Manager — *Title*

08/15/2025 — *(Month, Day, Year)*

Comment:

Print Clear

FPPC Form 806 (1/18)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)