

**Agency Report of:  
Public Official Appointments**

**A Public Document**

<b>1. Agency Name</b>			<b>California Form 806</b>
Local Agency Formation Commission			For Official Use Only
<b>Division, Department, or Region</b> <i>(If Applicable)</i>			
<b>Designated Agency Contact</b> <i>(Name, Title)</i>			
Emmanuel Abello, LAFCO Clerk			
<b>Area Code/Phone Number</b>	<b>E-mail</b>	Page <u>1</u> of <u>1</u>	<b>Date Posted:</b>
408/993-4705	emmanuel.abello@ceo.sccgov.org		March 7, 2017
			<i>(Month, Day, Year)</i>

**2. Appointments**

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Finance Committee	▶ Name <u>Hall, Sequoia</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>02 / 01 / 17</u> <small>Appt Date</small>  <u>1 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"/> Other
Finance Committee	▶ Name <u>Jimenez, Sergio</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>02 / 01 / 17</u> <small>Appt Date</small>  <u>1 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"/> Other
Finance Committee	▶ Name <u>Vicklund Wilson, Susan</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>02 / 01 / 17</u> <small>Appt Date</small>  <u>1 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"/> Other
	▶ 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"/> Other

**3. Verification**

*I have read and understand FPPC Regulation 18705.5. 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>	Neelima Palacherla <small>Print Name</small>	Executive Officer <small>Title</small>	03/07/2017 <small>(Month, Day, Year)</small>
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Comment: \_\_\_\_\_

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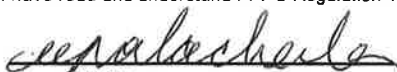
<b>1. Agency Name</b>			<b>California Form 806</b>
Local Agency Formation Commission			For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title)			
Emmanuel Abello, LAFCO Clerk			
Area Code/Phone Number	E-mail	Page <u>1</u> of <u>1</u>	Date Posted:
408/933-4705	emmanuel.abello@ceo.sccgov.org		June 30, 2016
			<small>(Month, Day, Year)</small>

**2. Appointments**

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Space Committee	▶ Name <u>Hall, Sequoia</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>06 / 01 / 16</u> <small>Appt Date</small>  ▶ _____ <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"/> Other
Space Committee	▶ Name <u>LeZotte, Linda J.</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>06 / 01 / 16</u> <small>Appt Date</small>  ▶ _____ <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"/> Other
Space Committee	▶ Name <u>Vicklund Wilson, Susan</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>06 / 01 / 16</u> <small>Appt Date</small>  ▶ _____ <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"/> Other
	▶ 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"/> Other

**3. Verification**

*I have read and understand FPPC Regulation 18705.5. 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

Neelima Palacherla  
 Print Name

Executive Officer  
 Title

06/30/2016  
 (Month, Day, Year)

Comment: \_\_\_\_\_