

# Agency Report of: Public Official Appointments

**A Public Document**

<b>1. Agency Name</b> Local Agency Formation Commission			<b>California Form 806</b> For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) Emmanuel Abello, LAFCO Clerk		Page <u>1</u> of <u>1</u>	Date Posted: February 8, 2018 <small>(Month, Day, Year)</small>
Area Code/Phone Number (408) 993-4705	E-mail emmanuel.abello@ceo.sccgov.org		

## 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>2 / 7 / 18</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 <u>Jimenez, Sergio</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>2 / 7 / 18</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 <u>Rennie, Rob</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>2 / 7 / 18</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 18702.5. I have verified that the appointment and information identified above is true to the best of my information and belief.

DocuSigned by: Neelima Palacherla <small>Signature of Agency Head or Designee</small>	Neelima Palacherla <small>Print Name</small>	LAFCO Executive Officer <small>Title</small>	2/8/2018 <small>(Month, Day, Year)</small>
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Comment: \_\_\_\_\_