

**Agency Report of:
Public Official Appointments**

A Public Document

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

**Agency Report of:
Public Official Appointments**

A Public Document


1. Agency Name Local Agency Formation Commission			California Form 806 For Official Use Only
Division, Department, or Region (If Applicable)			Date Posted: March 2, 2016 <small>(Month, Day, Year)</small>
Designated Agency Contact (Name, Title) Emmanuel Abello, LAFCO Clerk			
Area Code/Phone Number 408/299-6415	E-mail emmanuel.abello@ceo.sccgov.org	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
Finance Committee	▶ Name <u>Wasserman, Mike</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>02 / 03 / 16</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>Tucker, Denise Cat</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>02 / 03 / 16</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 / 03 / 16</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.

	Neelima Palacherla	Executive Officer	03/02/2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____