

**Agency Report of:  
Public Official Appointments**

**A Public Document**

<b>1. Agency Name</b> Castro Valley Sanitary District			<b>California Form 806</b>
Division, Department, or Region <i>(If Applicable)</i>			For Official Use Only
Designated Agency Contact <i>(Name, Title)</i> Stacy Marcoux, Administrative Assistant			
Area Code/Phone Number 510-537-0757	E-mail stacy@cvsan.org	Page <u>1</u> of <u>2</u>	Date Posted: 01/31/2019 <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
East Bay Dischargers Authority (EBDA)  (Commission and Committee Meetings)	▶ Name <u>Johnson, Ralph</u> <small>(Last, First)</small>	▶ <u>12 / 04 / 18</u> <small>Appt Date</small>	▶ Per Meeting: \$ <u>234.00</u>
	Alternate, if any <u>McGowan, Timothy</u> <small>(Last, First)</small>	▶ <u>12 Months</u> <small>Length of Term</small>	▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>\$5,616.00</u> <small>Other</small>
Alameda County Waste Management Authority	▶ Name <u>Sadoff, Dave</u> <small>(Last, First)</small>	▶ <u>12 / 04 / 18</u> <small>Appt Date</small>	▶ Per Meeting: \$ <u>150.00</u>
	Alternate, if any <u>Akagi, Daniel</u> <small>(Last, First)</small>	▶ <u>12 Months</u> <small>Length of Term</small>	▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>\$3,600.00</u> <small>Other</small>
Local Agency Formation Commission (LAFCo)	▶ Name <u>Johnson, Ralph</u> <small>(Last, First)</small>	▶ <u>05 / 11 / 15</u> <small>Appt Date</small>	▶ Per Meeting: \$ <u>100.00</u>
	Alternate, if any _____ <small>(Last, First)</small>	▶ <u>4 Years</u> <small>Length of Term</small>	▶ 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"/> _____ <small>Other</small>
California Sanitation Risk Management Authority (CSRMA)* *Compensation for this meeting is paid by CVSan and is subject to six meetings per month limit.	▶ Name <u>Appleton, Melody</u> <small>(Last, First)</small>	▶ <u>12 / 04 / 18</u> <small>Appt Date</small>	▶ Per Meeting: \$ <u>220.00</u>
	Alternate, if any <u>Sadoff, Dave</u> <small>(Last, First)</small>	▶ <u>12 Months</u> <small>Length of Term</small>	▶ 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"/> _____ <small>Other</small>

**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.*

	Stacy Marcoux	Administrative Assistant	0/17/2019
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

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

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Area Code/Phone Number 510-537-0757	E-mail stacy@cvsan.org	Page <u>2</u> of <u>2</u>	Date Posted: <u>01/31/2019</u> <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
Alameda County Special Districts Association (ACSDA)* Compensation for this meeting is paid by CVSan and is subject to six meetings per month limit	▶ Name <u>McGowan, Timothy</u> <small>(Last, First)</small>  Alternate, if any <u>Johnson, Ralph</u> <small>(Last, First)</small>	▶ <u>12 / 04 / 18</u> <small>Appt Date</small>  ▶ <u>12 Months</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>220.00</u>  ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
Oro Loma Sanitary District Construction Committee* Compensation for this meeting is paid by CVSan and is subject to six meetings per month limit	▶ Name <u>Johnson, Ralph</u> <small>(Last, First)</small>  Alternate, if any <u>Sadoff, Dave</u> <small>(Last, First)</small>	▶ <u>12 / 04 / 18</u> <small>Appt Date</small>  ▶ <u>12 Months</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>220.00</u>  ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" 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
	▶ 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

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*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.*

	Stacy Marcoux	Administrative Assistant	0/17/2019
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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