

Agency Report of: Public Official Appointments

A Public Document

1. Agency Name City of Albany		California Form 806	For Official Use Only
Division, Department, or Region (If Applicable) City Council			
Designated Agency Contact (Name, Title) Nicole Almaguer, Assistant City Manager/City Clerk			
Area Code/Phone Number 510-528-5710	E-mail nalmaguer@albanyca.org	Page <u>1</u> of <u>1</u>	Date Posted: <u>12/15/16</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 Waste Management Authority	▶ Name <u>Maass, Peter</u> <small>(Last, First)</small> Alternate, if any <u>Nason, Rochelle</u> <small>(Last, First)</small>	▶ <u>12 / / 15</u> <small>Appt Date</small> ▶ <u>2018</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150</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"/> <u>Other</u>
Alameda County Transportation Commission	▶ Name <u>McQuaid, Peggy</u> <small>(Last, First)</small> Alternate, if any <u>Pilch, Nick</u> <small>(Last, First)</small>	▶ <u>12 / / 16</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>250</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u>
Alameda County Housing Authority	▶ Name <u>Maass, Peter</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / / 15</u> <small>Appt Date</small> ▶ <u>2018</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50</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"/> <u>Other</u>
East Bay Community Energy JPA Board	▶ Name <u>TBD</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 19 / 16</u> <small>Appt Date</small> ▶ _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u>

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.

Signature of Agency Head or Designee	Print Name	Title	Date
_____	Nicole Almaguer	Asst. City Manager/City Clerk	12/15/16
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: Form will be updated following City Council meeting on 12/19/16