Agency Report of: Public Official Appointments

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A man and Manna			A l'ubile Bocument	
. Agency Name			California 806	
City of Albany			For Official Use Only	
Division, Department, or Reg	ion (If Applicable)		, i	
Designated Agency Contact	(Name, Title)			
Anne Hsu, City Clerk			Data Baata da	
Area Code/Phone Number	E-mail		Date Posted: 12/23/2020	
510-528-5763	cityclerk@albanyca.org	Page	Of (Month, Day, Year)	
2. Appointments			(,	
Agency Boards and	Name of Appointed Person	Appt Date and	Por Mosting/Annual Salam/Stinand	
Commissions	Name of Appointed Person	Length of Term	Per Meeting/Annual Salary/Stipend	
			150	
	Name	12 / 21 / 20	▶ Per Meeting: \$	
Alameda County	(Last, First)	Appt Date	► Estimated Annual:	
Waste Management	Alternate, if any Nason, Rochelle	1 year	\$0-\$1,000	
Authority	Alternate, if any (Last, First)	Length of Term	-	
			\$1,001-\$2,000	
	Nason, Rochelle	12 / 21 / 20	▶ Per Meeting: \$	
	▶Name(Last, First)	12_/_21_/_20_ Appt Date	-	
Alameda County			Estimated Annual:	
Transportation Authority	Alternate, if any Jordan, Preston (Last, First)	l year	\$0-\$1,000 \$2,001-\$3,000	
			\$1,001-\$2,000 \(\square\)	
			Other	
			100	
	Jordan, Preston Name	\12_/_21_/_20_	▶ Per Meeting: \$	
	(Last, First)	Appt Date		
Alameda County Mosquito Abatement District	Alternate, if anynone	1 year	Estimated Annual:	
Mosquito Adatement District	(Last, First)	Length of Term	\$0-\$1,000 \$2,001-\$3,000	
			\$1,001-\$2,000	
	Tiedemann, Aaron	40 / 04 / 00	▶ Per Meeting: \$	
	▶Name(Last, First)		-	
East Bay Community Energy			Estimated Annual:	
Joint Power Authority Board	Alternate, if any Jordan, Preston (Last, First)	1 year Length of Term	_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		Length or Term	\$1,001-\$2,000	
			Other	
S. Verification		•		
I have read and understand FPPC Reg	ulation 18702.5. I have verified that the appointment a	nd information identified above is t	true to the best of my information and belief.	
Am	Anne Hsu	City Clerk	12/23/2020	
Signature of Agency Head or Designe	ee Print Name	Title	(Month, Day, Year)	
Comment:				

Agency Report of: Public Official Appointments Continuation Sheet



	Page _2 of
1. Agency Name City of Albany	Date Posted: 12/23/2020 (Month, Day, Year)
2 Annointments	

Agency Boards and Appt Date and Name of Appointed Person Per Meeting/Annual Salary/Stipend Commissions Length of Term ▶ Per Meeting: \$ ____ McQuaid, Peggy Estimated Annual: Housing Authority of \$0-\$1,000 N/A 4 years \$2,001-\$3,000 County of Alameda Alternate, if any ____ \$1,001-\$2,000 D Length of Term ▶ Per Meeting: \$ _____ Estimated Annual: \$0-\$1,000 \$2,001-\$3,000 Alternate, if any ___ \$1,001-\$2,000 D Lenath of Term ▶ Per Meeting: \$ ____ ▶Name ___ (Last, First) Appt Date Estimated Annual: \$0-\$1,000 \$2,001-\$3,000 Alternate, if any _____ \$1,001-\$2,000 D Length of Term ▶ Per Meeting: \$ _____ Estimated Annual: \$0-\$1,000 \$2,001-\$3,000 Alternate, if any ____ (Last, First) Length of Term \$1,001-\$2,000 ▶ Per Meeting: \$ _____ Name ___ Appt Date Estimated Annual: \$0-\$1,000 \$2,001-\$3,000 Alternate, if any _____ \$1,001-\$2,000 D Length of Term ▶ Per Meeting: \$ _____ Estimated Annual: \$2,001-\$3,000 \$0-\$1,000 Alternate, if any ____ (Last, First) Length of Term \$1,001-\$2,000