

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name			California Form 806
City of Berkeley			For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title)			
Mark Numainville, City Clerk			
Area Code/Phone Number (510) 981-6900	E-mail clerk@cityofberkeley.info	Page <u>1</u> of <u>1</u>	Date Posted: <u>7/6/2015</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
Joint Powers Authority - Lead Abatement	▶ Name <u>Anderson, Maxwell</u> <small>(Last, First)</small> Alternate, if any <u>Wengraf, Susan</u> <small>(Last, First)</small>	▶ <u>12 / 16 / 14</u> <small>Appt Date</small> ▶ <u>one year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>450.00</u> ▶ 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>\$5,400</u> <small>Other</small>
Alameda County Waste Management Authority	▶ Name <u>Wengraf, Susan</u> <small>(Last, First)</small> Alternate, if any <u>Worthington, Kriss</u> <small>(Last, First)</small>	▶ <u>1 / 20 / 15</u> <small>Appt Date</small> ▶ <u>one year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150.00</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> </u> <small>Other</small>
Alameda County Transportation Commission	▶ Name <u>Capitelli, Laurie</u> <small>(Last, First)</small> Alternate, if any <u>Worthington, Kriss</u> <small>(Last, First)</small>	▶ <u>12 / 16 / 14</u> <small>Appt Date</small> ▶ <u>one year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>225.00</u> ▶ 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>\$5,000</u> <small>Other</small>
	▶ 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"/> _____ <small>Other</small>

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.

	Christine Daniel	City Manager	7/1/2015
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: _____