

**Agency Report of:
Public Official Appointments**

A Public Document

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|---|-------------------------------------|---------------------------|---|-------------|------------|--|
| 1. Agency Name City of Campbell | | | California | Form | 806 | |
| Division, Department, or Region (If Applicable) Santa Clara County | | | For Official Use Only | | | |
| Designated Agency Contact (Name, Title) Wendy Wood, City Clerk | | | | | | |
| Area Code/Phone Number 408-866-2117 | E-mail wendyw@cityofcampbell.com | Page <u>1</u> of <u>1</u> | Date Posted: <u>1/24/2017</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 |
|---------------------------------|--|---|--|
| West Valley Sanitation District | ▶ Name <u>Resnikoff, Paul</u> <small>(Last, First)</small> Alternate, if any <u>Landry, Susan M.</u> <small>(Last, First)</small> | ▶ <u>01 / 12 / 17</u> <small>Appt Date</small> ▶ <u>1 year</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> </u> Other |
| | ▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small> | ▶ <u> / / </u> <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> | ▶ <u> / / </u> <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> | ▶ <u> / / </u> <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 18702.5. I have verified that the appointment and information identified above is true to the best of my information and belief.

| | | | |
|--|---------------------------|----------------------|-----------------------------------|
|  | Wendy Wood | City Clerk | 01/24/2017 |
| <small>Signature of Agency Head or Designee</small> | <small>Print Name</small> | <small>Title</small> | <small>(Month, Day, Year)</small> |

Comment: _____