

**Agency Report of:
Public Official Appointments**

A Public Document


1. Agency Name Rodeo Sanitary District			California	Form	806	
Division, Department, or Region <i>(If Applicable)</i>			For Official Use Only			
Designated Agency Contact <i>(Name, Title)</i> Nancy Lefebvre/ Administrative Assistant						
Area Code/Phone Number 510-799-2970	E-mail lefebvre@rodeosan.org	Page <u>1</u> of <u>1</u>	Date Posted: <u>02/07/2017</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
RSD Budget and Finance Committee	▶ Name <u>Batchelder, Connie</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 10 / 17</u> <small>Appt Date</small> <u>12 Months</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150.00</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"/> <u> </u> Other
RSD Budget and Finance Committee	▶ Name <u>Tigh, Terry</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 10 / 17</u> <small>Appt Date</small> _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>150.00</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"/> <u> </u> Other
RSD Administrative Committee	▶ Name <u>Callaghan, Janet</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 10 / 17</u> <small>Appt Date</small> <u>12 Months</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150.00</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"/> <u> </u> Other
RSD Administrative Committee	▶ Name <u>Noble, Angela</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 10 / 17</u> <small>Appt Date</small> <u>12 Months</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150.00</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"/> <u> </u> 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.

 <small>Signature of Agency Head or Designee</small>	<u>Steven S. Beall, P.E.</u> <small>Print Name</small>	<u>District Manager</u> <small>Title</small>	<u>2/7/2017</u> <small>(Month, Day, Year)</small>
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Comment: _____