

**Agency Report of:  
Public Official Appointments**

**A Public Document**

<b>1. Agency Name</b> Rodeo Sanitary District			<b>California Form 806</b>
Division, Department, or Region (If Applicable)			For Official Use Only
Designated Agency Contact (Name, Title) Nina Sayavong			Date Posted: March 6, 2026 <small>(Month, Day, Year)</small>
Area Code/Phone Number 510-799-2970	E-mail sayavongn@rodeosan.org	Page <u>1</u> of <u>2</u>	

**2. Appointments**

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Budget & Finance Committee	▶ Name <u>Russey, Robert</u> <small>(Last, First)</small>  Alternate, if any <u>Noble, Angela</u> <small>(Last, First)</small>	▶ <u>02 / 10 / 26</u> <small>Appt Date</small>  ▶ <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>204.37</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"/> Other
Budget & Finance Committee	▶ Name <u>Shaia, Tara</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>02 / 10 / 26</u> <small>Appt Date</small>  ▶ <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>204.37</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"/> Other
Administrative Committee	▶ Name <u>Callaghan, Janet</u> <small>(Last, First)</small>  Alternate, if any <u>Russey, Robert</u> <small>(Last, First)</small>	▶ <u>02 / 10 / 26</u> <small>Appt Date</small>  ▶ <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>204.37</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"/> Other
Administrative Committee	▶ Name <u>Brennan, Maureen</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>02 / 10 / 26</u> <small>Appt Date</small>  ▶ <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>204.37</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"/> 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.*

	Nina Sayavong	Administrative Assistant	March 5, 2026
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: Appointees received a cost of living increase at the February 10, 2026 Regular Board Meeting

