

**Agency Report of:
Public Official Appointments**

A Public Document

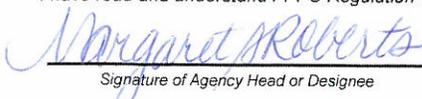
1. Agency Name City of Hercules			California Form 806 For Official Use Only
Division, Department, or Region <i>(If Applicable)</i>			
Designated Agency Contact <i>(Name, Title)</i> Margaret Roberts, Administrative Services Director			
Area Code/Phone Number 510.799.8215	E-mail mroberts@ci.hercules.ca.us	Page <u>1</u> of <u>1</u>	Date Posted: <u>04/01/2014</u> <small><i>(Month, Day, Year)</i></small>

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Contra Costa Transportation Authority	▶ Name <u>McCoy, Sherry (Alternate)</u> <small><i>(Last, First)</i></small> Alternate, if any _____ <small><i>(Last, First)</i></small>	▶ <u>01 / 14 / 14</u> <small><i>Appt Date</i></small> ▶ <u>1 year</u> <small><i>Length of Term</i></small>	▶ Per Meeting: \$ <u>100.00</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ <small><i>Other</i></small>
West County Integrated Waste Management JPA	▶ Name <u>Romero, Dan</u> <small><i>(Last, First)</i></small> Alternate, if any <u>Delgado, John</u> <small><i>(Last, First)</i></small>	▶ <u>01 / 14 / 14</u> <small><i>Appt Date</i></small> ▶ <u>1 year</u> <small><i>Length of Term</i></small>	▶ Per Meeting: \$ <u>50.00</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"/> _____ <small><i>Other</i></small>
	▶ Name _____ <small><i>(Last, First)</i></small> Alternate, if any _____ <small><i>(Last, First)</i></small>	▶ _____ / _____ / _____ <small><i>Appt Date</i></small> ▶ _____ <small><i>Length of Term</i></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><i>Other</i></small>
	▶ Name _____ <small><i>(Last, First)</i></small> Alternate, if any _____ <small><i>(Last, First)</i></small>	▶ _____ / _____ / _____ <small><i>Appt Date</i></small> ▶ _____ <small><i>Length of Term</i></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><i>Other</i></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.

	Margaret Roberts	Administrative Svcs. Director	04/01/2014
<i>Signature of Agency Head or Designee</i>	<i>Print Name</i>	<i>Title</i>	<i>(Month, Day, Year)</i>

Comment: _____