

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name

Town of Hillsborough

Division, Department, or Region (If Applicable)

Designated Agency Contact (Name, Title)

Miyuki Yokoyama, City Clerk

Area Code/Phone Number

650-375-7412

E-mail

myokoyama@hillsborough.net

California Form 806

For Official Use Only

Date Posted:

02/19/13

(Month, Day, Year)

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2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Bay Area Water Supply and Conservation Agency and San Francisco Bay Area Regional Water System Financing Authority	▶ Name <u>Thomas M. Kasten</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>06 / 22 / 11</u> <i>Appt Date</i> <u>4 years</u> <i>Length of Term</i>	▶ Per Meeting: \$ _____ <u>100</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>\$600</u> <i>Other</i>
	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ _____ <i>Appt Date</i> _____ <i>Length of Term</i>	▶ 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"/> _____ <i>Other</i>
	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ _____ <i>Appt Date</i> _____ <i>Length of Term</i>	▶ 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"/> _____ <i>Other</i>
	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ _____ <i>Appt Date</i> _____ <i>Length of Term</i>	▶ 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"/> _____ <i>Other</i>

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.


Signature of Agency Head or Designee

Randy Schwartz

Print Name

City Manager

Title

02/19/13

(Month, Day, Year)

Comment: _____