

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name Town of Hillsborough		<div style="border: 1px solid black; padding: 5px;"> California Form 806 For Official Use Only MAY 27 2015 </div>	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	Page <u>1</u> of <u>1</u>	Date Posted: <u>5/27/15</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
Bay Area Water Supply and Conservation Agency (BAWSCA) and San Francisco Bay Area Regional Water System Financing Authority (RFA)	▶ Name <u>Benton, Jess E.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>04 / 29 / 15</u> <small>Appt Date</small> ▶ <u>4 years</u> <small>Length of Term</small>	▶ 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> <small>Other</small>
	▶ 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"/> _____ <small>Other</small>
	▶ 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"/> _____ <small>Other</small>
	▶ 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"/> _____ <small>Other</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.

<small>Signature of Agency Head or Designee</small>	Katharine Leroux <small>Print Name</small>	Acting City Manager <small>Title</small>	5/27/15 <small>(Month, Day, Year)</small>
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Comment: _____