

**Agency Report of:  
Public Official Appointments**

**A Public Document**

<b>1. Agency Name</b> East Palo Alto Sanitary District <b>Division, Department, or Region (If Applicable)</b> Stephanie Griffin, Accounting Assistant <b>Designated Agency Contact (Name, Title)</b>		Page <u>1</u> of <u>3</u>	<b>California Form 806</b> For Official Use Only  <b>Date Posted:</b> _____ (Month, Day, Year)
<b>Area Code/Phone Number</b> 650-325-9021	<b>E-mail</b> sgriffin@epasd.com		

**2. Appointments**

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Board Subcommittee Engineering & Operations	▶ Name <u>Mitchell, Goro</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 08 / 15</u> <small>Appt Date</small>  ▶ <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>\$150</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>Other</small>
Board Subcommittee Public Relations	▶ Name <u>Mitchell, Goro</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 08 / 15</u> <small>Appt Date</small>  ▶ <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>\$150</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>Other</small>
Board Subcommittee Public Information & Intergovernmental Affairs	▶ Name <u>Yanez, Betsy</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 08 / 15</u> <small>Appt Date</small>  ▶ <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>\$150</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>Other</small>
Board Subcommittee Public Relations	▶ Name <u>Yanez, Betsy</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 08 / 15</u> <small>Appt Date</small>  ▶ <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>\$150</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>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.*

 Signature of Agency Head or Designee	KENNETH C. JONES Print Name	General Manager Title	11/5/15 (Month, Day, Year)
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Comment: \_\_\_\_\_

**Agency Report of:  
Public Official Appointments  
Continuation Sheet**

<b>1. Agency Name</b> East Palo Alto Sanitary District	<b>Date Posted:</b> _____ <small>(Month, Day, Year)</small>
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Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
San Mateo Local Agency Formation Commission (LAFCO)	▶ Name <u>Savage, Glenda</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 08 / 15</u> <small>Appt Date</small>  <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>\$279.30</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>\$3,351.60</u> <small>Other</small>
Board Subcommittee Finance & Audit	▶ Name <u>Sykes-Miessi, Joan</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 08 / 15</u> <small>Appt Date</small>  <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>\$150</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>\$3,600</u> <small>Other</small>
Board Subcommittee HR Mgmt & Organization	▶ Name <u>Sykes-Miessi, Joan</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 08 / 15</u> <small>Appt Date</small>  <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>\$150</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>Other</small>
Board Subcommittee HR Mgmt & Organization	▶ Name <u>Savage, Glenda</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 08 / 15</u> <small>Appt Date</small>  <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>\$150</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>Other</small>
Board Subcommittee Finance & Audit	▶ Name <u>Savage, Glenda</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 08 / 15</u> <small>Appt Date</small>  <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>\$150</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>\$3,600</u> <small>Other</small>
Board Subcommittee Public Information & Intergovernmental Affairs	▶ Name <u>Scherzer, Dennis</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 08 / 15</u> <small>Appt Date</small>  <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>\$150</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>Other</small>

# Agency Report of: Public Official Appointments

A Public Document

<b>1. Agency Name</b> East Palo Alto Sanitary District			<b>California Form 806</b>
Division, Department, or Region (If Applicable) Stephanie Griffin, Accounting Assistant			For Official Use Only
Designated Agency Contact (Name, Title)			
Area Code/Phone Number 650-325-9021	E-mail sgriffin@epasd.com	Page <u>3</u> of <u>3</u>	Date Posted:  (Month, Day, Year)

## 2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Board Subcommittee Engineering & Operations	▶ Name <u>Scherzer, Dennis</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 08 / 15</u> <small>Appt Date</small>  <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <b>\$150</b>  ▶ 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"/> Other
	▶ Name _____ <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <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"/> Other
	▶ Name _____ <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <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"/> Other
	▶ Name _____ <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <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"/> Other

## 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>	<u>KENNETH C. JONES</u> <small>Print Name</small>	<u>General Manager</u> <small>Title</small>	<u>1/5/15</u> <small>(Month, Day, Year)</small>
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Comment: \_\_\_\_\_