

**Agency Report of:  
Public Official Appointments**

**A Public Document**


<b>1. Agency Name</b> Town of Fairfax Division, Department, or Region (If Applicable) Town Council Designated Agency Contact (Name, Title) Michele Gardner, Town Clerk		RECEIVED FEB 08 2016 TOWN OF FAIRFAX	<b>California Form 806</b> For Official Use Only
Area Code/Phone Number 415/ 453-1584	E-mail mgardner@townoffairfax.org		Page <u>1</u> of <u>1</u>

**2. Appointments**

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Ross Valley Fire Board	▶ Name <u>David Weinsoff</u> <i>(Last, First)</i>  Alternate, if any <u>Peter Lacques</u> <i>(Last, First)</i>	▶ <u>02 / 03 / 16</u> <i>Appt Date</i>  ▶ <u>not defined</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>100</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"/> <u>                    </u> <i>Other</i>
Ross Valley Fire Board	▶ Name <u>John Reed</u> <i>(Last, First)</i>  Alternate, if any <u>Peter Lacques</u> <i>(Last, First)</i>	▶ <u>02 / 03 / 16</u> <i>Appt Date</i>  ▶ <u>not defined</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>100</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"/> <u>                    </u> <i>Other</i>
Ross Valley Paramedic Authority	▶ Name <u>John Reed</u> <i>(Last, First)</i>  Alternate, if any <u>Frank Egger</u> <i>(Last, First)</i>	▶ <u>02 / 03 / 16</u> <i>Appt Date</i>  ▶ <u>not defined</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>100</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"/> <u>                    </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"/> <u>                    </u> <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	Michele Gardner Print Name	Town Clerk Title	02-08-16 (Month, Day, Year)
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Comment: \_\_\_\_\_