

Agency Report of:
Public Official Appointments

A Public Document

1. Agency Name TOWN OF FAIRFAX Division, Department, or Region (If Applicable) TOWN COUNCIL Designated Agency Contact (Name, Title) MICHELE GARDNER, TOWN CLERK		RECEIVED FEB 08 2018 TOWN OF FAIRFAX	California Form 806 For Official Use Only
Area Code/Phone Number 415/453-1584	E-mail MGARDNER@TOWNOFFAIRFAX.ORG	Page <u>1</u> of <u>1</u>	Date Posted: 02-09-18 <i>(Month, Day, Year)</i>

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
ROSS VALLEY FIRE DEPARTMENT BOARD	▶ Name <u>PETER LACQUES</u> <i>(Last, First)</i> Alternate, if any <u>RENEE GODDARD</u> <i>(Last, First)</i>	▶ <u>1 / 16 / 18</u> <i>Appt Date</i> ▶ NOT DEFINED <i>Length of Term</i>	▶ Per Meeting: \$ <u>100.00</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"/> Other
ROSS VALLEY FIRE DEPARTMENT BOARD	▶ Name <u>JOHN REED</u> <i>(Last, First)</i> Alternate, if any <u>RENEE GODDARD</u> <i>(Last, First)</i>	▶ <u>1 / 16 / 18</u> <i>Appt Date</i> ▶ NOT DEFINED <i>Length of Term</i>	▶ Per Meeting: \$ <u>100.00</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"/> Other
ROSS VALLEY PARAMEDIC AUTHORITY BOARD	▶ Name <u>JOHN REED</u> <i>(Last, First)</i> Alternate, if any <u>PETER LACQUES</u> <i>(Last, First)</i>	▶ <u>1 / 16 / 18</u> <i>Appt Date</i> ▶ NOT DEFINED <i>Length of Term</i>	▶ Per Meeting: \$ <u>100.00</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"/> Other
MARIN SONOMA MOSQUITO VECTOR CONTROL DISTRICT BOARD	▶ Name <u>BRUCE ACKERMAN</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>1 / 16 / 18</u> <i>Appt Date</i> ▶ <u>4 YEARS</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>100.00</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"/> Other

3. Verification

I have read and understand FPPC Regulation 18702.5. I have verified that the appointment and information identified above is true to the best of my information and belief.

 _____ <i>Signature of Agency Head or Designee</i>	MICHELE GARDNER _____ <i>Print Name</i>	TOWN CLERK _____ <i>Title</i>	01-26-18 _____ <i>(Month, Day, Year)</i>
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Comment: _____