

**Agency Report of:  
Public Official Appointments**

**A Public Document**

<b>1. Agency Name</b> Town of Los Gatos			<b>California Form 806</b> For Official Use Only
<b>Division, Department, or Region (If Applicable)</b> Clerk Department			<b>Date Posted:</b> 1/8/15 <small>(Month, Day, Year)</small>
<b>Designated Agency Contact (Name, Title)</b> Shelley Neis, Clerk Administrator			
<b>Area Code/Phone Number</b> (408) 354-6888	<b>E-mail</b> Clerk@LosGatosCA.gov	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
West Valley Sanitation District Board of Directors	▶ Name <u>Steven Leonardis</u> <small>(Last, First)</small>  Alternate, if any <u>Marcia Jensen</u> <small>(Last, First)</small>	▶ <u>01 / 01 / 15</u> <small>Appt Date</small>  ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150</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> <small>Other</small>
	▶ 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"/> _____ <small>Other</small>
	▶ 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"/> _____ <small>Other</small>
	▶ 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"/> _____ <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.*

Shelley Neis    Shelley Neis    Clerk Administrator    1/8/15  
Signature of Agency Head or Designee    Print Name    Title    (Month, Day, Year)

Comment: \_\_\_\_\_