

**Agency Report of:
Public Official Appointments**

A Public Document


1. Agency Name Town of Los Gatos		California Form 806	For Official Use Only
Division, Department, or Region <i>(If Applicable)</i>			
Designated Agency Contact <i>(Name, Title)</i> Shelley Neis, Clerk Administrator			
Area Code/Phone Number (408) 354-6834	E-mail clerk@losgatosca.gov	Page <u>1</u> of <u>1</u>	Date Posted: <u>12/22/16</u> <small><i>(Month, Day, Year)</i></small>

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>Leonardis, Steve</u> <small><i>(Last, First)</i></small> Alternate, if any <u>Spector, Barbara</u> <small><i>(Last, First)</i></small>	▶ <u>12 / 20 / 16</u> <small><i>Appt Date</i></small> ▶ <u>1 year</u> <small><i>Length of Term</i></small>	▶ Per Meeting: \$ <u>150.00</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"/> <u> </u> Other
	▶ Name _____ <small><i>(Last, First)</i></small> Alternate, if any _____ <small><i>(Last, First)</i></small>	▶ <u> / / </u> <small><i>Appt Date</i></small> ▶ _____ <small><i>Length of Term</i></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><i>(Last, First)</i></small> Alternate, if any _____ <small><i>(Last, First)</i></small>	▶ <u> / / </u> <small><i>Appt Date</i></small> ▶ _____ <small><i>Length of Term</i></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><i>(Last, First)</i></small> Alternate, if any _____ <small><i>(Last, First)</i></small>	▶ <u> / / </u> <small><i>Appt Date</i></small> ▶ _____ <small><i>Length of Term</i></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 18702.5. 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>Shelley Neis</u> <small>Print Name</small>	<u>Clerk Administrator</u> <small>Title</small>	<u>12/22/16</u> <small>(Month, Day, Year)</small>
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Comment: _____