

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name

Town of Los Gatos

Division, Department, or Region (If Applicable)

Designated Agency Contact (Name, Title)

Wendy Wood

Area Code/Phone Number

408-365-6834

E-mail

clerk@losgatosca.gov

**California
Form**

806

For Official Use Only

Page 1 of 1

Date Posted:

1/30/2024

(Month, Day, Year)

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
West Valley Sanitation	<p>► Name <u>Rob Moore</u> (Last, First)</p> <p>Alternate, if any <u>Maria Ristow</u> (Last, First)</p>	<p>► <u>Appt Date</u> 1/31/2024</p> <p>Length of Term</p>	<p>► Per Meeting: \$ <u>210.00</u></p> <p>► Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u></p>
	<p>► Name _____ (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>► <u>Appt Date</u></p> <p>Length of Term</p>	<p>► Per Meeting: \$ _____</p> <p>► Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u></p>
	<p>► Name _____ (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>► <u>Appt Date</u></p> <p>Length of Term</p>	<p>► Per Meeting: \$ _____</p> <p>► Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u></p>
	<p>► Name _____ (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>► <u>Appt Date</u></p> <p>Length of Term</p>	<p>► Per Meeting: \$ _____</p> <p>► Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u></p>

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.

Wendy Wood

Signature of Agency Head or Designee

Wendy Wood

Print Name

Town Clerk

1/30/2024

Title

(Month, Day, Year)

Comment: _____

Print

Clear