

**Agency Report of:
Public Official Appointments**

A Public Document


1. Agency Name		California Form 806 For Official Use Only	
City of Union City			
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title)			
Renee Elliott, City Clerk			
Area Code/Phone Number	E-mail	Page <u>1</u> of <u>1</u>	Date Posted:
510/675-5348	relliott@ci.union-city.ca.us		12/14/12 <small>(Month, Day, Year)</small>

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Alameda County Transportation Commission (ACTC)	▶ Name <u>Dutra-Vernaci, Carol</u> <small>(Last, First)</small> Alternate, if any <u>Duncan, Emily</u> <small>(Last, First)</small>	▶ <u>12 / 11 / 12</u> <small>Appt Date</small> ▶ <u>Until replaced</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>250.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
Alameda County Waste Management Authority (ACWMA)	▶ Name <u>Ellis, Lorrin</u> <small>(Last, First)</small> Alternate, if any <u>Navarro, Jim</u> <small>(Last, First)</small>	▶ <u>12 / 11 / 12</u> <small>Appt Date</small> ▶ <u>Until replaced</u> <small>Length of Term</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"/> Other
Association of Bay Area Governments (ABAG)	▶ Name <u>Navarro, Jim</u> <small>(Last, First)</small> Alternate, if any <u>Duncan, Emily</u> <small>(Last, First)</small>	▶ <u>12 / 11 / 12</u> <small>Appt Date</small> ▶ <u>Until replaced</u> <small>Length of Term</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"/> Other
Housing Authority of Alameda County	▶ Name <u>Gacoscos, Pat</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 11 / 12</u> <small>Appt Date</small> ▶ <u>Until replaced</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</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"/> Other

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	Renee Elliott Print Name	City Clerk Title	12/14/12 (Month, Day, Year)
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Comment: _____