

**Agency Report of:  
Public Official Appointments**

**A Public Document**


<b>1. Agency Name</b> City of Novato Division, Department, or Region <i>(If Applicable)</i> County of Marin Designated Agency Contact <i>(Name, Title)</i> Sheri Hartz, City Clerk		<b>California Form 806</b> For Official Use Only
Area Code/Phone Number 415-899-8900	E-mail shartz@novato.org	Page <u>1</u> of <u>1</u> Date Posted: 9/21/12 <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
Association of Bay Area Governments (ABAG)	▶ Name <u>Eklund, Pat</u> <i>(Last, First)</i>  Alternate, if any <u>Kellner, Madeline</u> <i>(Last, First)</i>	▶ <u>1 / 10 / 12</u> <i>Appt Date</i>  ▶ _____ <i>Length of Term</i>	▶ Per Meeting: \$ <u>150.00</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"/> _____ <i>Other</i>
	▶ Name _____ <i>(Last, First)</i>  Alternate, if any _____ <i>(Last, First)</i>	▶ _____/_____/_____ <i>Appt Date</i>  ▶ _____ <i>Length of Term</i>	▶ 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"/> _____ <i>Other</i>
	▶ Name _____ <i>(Last, First)</i>  Alternate, if any _____ <i>(Last, First)</i>	▶ _____/_____/_____ <i>Appt Date</i>  ▶ _____ <i>Length of Term</i>	▶ 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"/> _____ <i>Other</i>
	▶ Name _____ <i>(Last, First)</i>  Alternate, if any _____ <i>(Last, First)</i>	▶ _____/_____/_____ <i>Appt Date</i>  ▶ _____ <i>Length of Term</i>	▶ 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"/> _____ <i>Other</i>

**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	Sheri Hartz Print Name	City Clerk Title	9/21/12 (Month, Day, Year)
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Comment: \_\_\_\_\_