

# Agency Report of: Public Official Appointments

**A Public Document**

<b>1. Agency Name</b>		<b>California Form 806</b>	For Official Use Only
City of Novato			
Division, Department, or Region (If Applicable)			
County of Marin			
Designated Agency Contact (Name, Title)			
Laura McDowall			
Area Code/Phone Number	E-mail	Page 1 of 1	Date Posted:
415.899.8986	lmcdowall@novato.org		3/9/2023
			<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
Association of Bay Area Governments (ABAG)	▶ Name <u>Eklund, Pat</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Appt Date</small>  ▶ _____ <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"/> _____ <small>Other</small>
Bay Conservation and Development Commission (BCDC)	▶ Name <u>Eklund, Pat</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Appt Date</small>  ▶ _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</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"/> _____ <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 18702.5. I have verified that the appointment and information identified above is true to the best of my information and belief.

Laura McDowall

City Clerk

03/9/2023

Signature of Agency Head or Designee

Print Name

Title

(Month, Day, Year)

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

**Print**

**Clear**

FPPC Form 806 (1/18)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)