

**Agency Report of:  
Public Official Appointments**

**A Public Document**

<b>1. Agency Name</b> Town of Ross			<b>California Form 806</b> For Official Use Only
Division, Department, or Region (If Applicable)			Date Posted: <u>6/22/20</u> <small>(Month, Day, Year)</small>
Designated Agency Contact (Name, Title) Linda Lopez, Town Clerk			
Area Code/Phone Number (415) 453-1453 x105	E-mail llopez@townofross.org	Page <u>1</u> of <u>1</u>	

**2. Appointments**

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Ross Valley Fire District Board	▶ Name <u>Brekhus, Elizabeth</u> <small>(Last, First)</small>  Alternate, if any <u>Robbins, Elizabeth</u> <small>(Last, First)</small>	▶ <u>7 / 14 / 16</u> <small>Appt Date</small>  ▶ <u>Open</u> <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"/> Other
Ross Valley Fire District Board	▶ Name <u>Kuhl, P. Beach</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>8 / 13 / 15</u> <small>Appt Date</small>  ▶ <u>Open</u> <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"/> Other
	▶ 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"/> Other
	▶ 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"/> 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.*

	Joe Chinn	Town Manager	6/22/20
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: The number of meetings held per year varies.