

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name CITY OF EL CERRITO			California Form 806 For Official Use Only
Division, Department, or Region (If Applicable) CITY COUNCIL			
Designated Agency Contact (Name, Title) Holly M. Charley, City Clerk			
Area Code/Phone Number (510) 215-4305	E-mail hcharley@ci.el-cerrito.ca.us	Page <u>1</u> of <u>1</u>	Date Posted: <u>2/24/2022</u> <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
West Contra Costa Waste Management Authority (RecycleMore)	▶ Name <u>Rudnick, Tessa</u> <small>(Last, First)</small>	▶ <u>12 / 21 /21</u> <small>Appt Date</small>	▶ Per Meeting: \$ <u>\$50.00</u>
	Alternate, if any <u>Abelson, Janet</u> <small>(Last, First)</small>	▶ <u>1 year</u> <small>Length of Term</small>	▶ 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"/> <u> </u> <small>Other</small>
	▶ Name _____ <small>(Last, First)</small>	▶ _____/_____/_____ <small>Appt Date</small>	▶ Per Meeting: \$ _____
	Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Length of Term</small>	▶ 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>	▶ _____/_____/_____ <small>Appt Date</small>	▶ Per Meeting: \$ _____
	Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Length of Term</small>	▶ 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>	▶ _____/_____/_____ <small>Appt Date</small>	▶ Per Meeting: \$ _____
	Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Length of Term</small>	▶ 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.

	Holly M. Charley	City Clerk	2/24/2022
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: _____