

**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 Antioch			
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title)		Date Posted: <b>12/13/12</b> <small>(Month, Day, Year)</small>	
Lynn Tracy Nerland, City Attorney			
Area Code/Phone Number	E-mail	Page <u>1</u> of <u>1</u>	
925-779-7015	Inerland@ci.antioch.ca.us		

**2. Appointments**

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Delta Diablo Sanitation District	▶ Name <u>Wade Harper</u> <small>(Last, First)</small>  Alternate, if any <u>Mary Rocha</u> <small>(Last, First)</small>	▶ <u>12 / 11 / 12</u> <small>Appt Date</small>  ▶ <u>2 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>170</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
Eastern Contra Costa Transit Authority (Tri-Delta)	▶ Name <u>Wade Harper</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 11 / 12</u> <small>Appt Date</small>  ▶ <u>2 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</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
Eastern Contra Costa Transit Authority (Tri-Delta)	▶ Name <u>Mary Rocha</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 11 / 12</u> <small>Appt Date</small>  ▶ <u>2 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</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

**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	Lynn Tracy Nerland Print Name	City Attorney Title	12/13/12 (Month, Day, Year)
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Comment: \_\_\_\_\_