

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name San Francisco Board of Supervisors		California Form 806	For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Angela Calvillo		Date Posted: <u>02/14/2019</u> <small>(Month, Day, Year)</small>	
Area Code/Phone Number 415-554-5184	E-mail angela.calvillo@sfgov.org		
		Page <u>1</u> of <u>3</u>	

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 Government Executive Board	▶ Name <u>Haney, Matt</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>2 / 5 / 19</u> <small>Appt Date</small> ▶ <u>6/30/2020</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>150</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>
Association of Bay Area Government Executive Board	▶ Name <u>Mandelman, Rafael</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>9 / 18 / 19</u> <small>Appt Date</small> ▶ <u>6/30/2019</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>150</u> ▶ 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>
Association of Bay Area Government Executive Board	▶ Name <u>Yee, Norman</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>2 / 07 / 17</u> <small>Appt Date</small> ▶ <u>6/30/2019</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>150</u> ▶ 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>
Bay Conservation & Development Commission	▶ Name <u>Peskin, Aaron</u> <small>(Last, First)</small> Alternate, if any <u>Stefani, Catherine</u> <small>(Last, First)</small>	▶ <u>4 / 26 / 17</u> <small>Appt Date</small> ▶ <u>Indefinite</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 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.

Angela Calvillo Angela Calvillo Clerk of the Board 2/14/19
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

Agency Report of:
Public Official Appointments
Continuation Sheet

1. Agency Name San Francisco Board of Supervisors	Date Posted: <u>02/14/2019</u> (Month, Day, Year)
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Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Golden State Highway and Transportation District Board of Directors	Name <u>Brown, Vallie</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	<u>1 / 29 / 19</u> <small>Appt Date</small> <u>1/31/2021</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</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
Golden State Highway and Transportation District Board of Directors	Name <u>Fewer, Sandra</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	<u>2 / 05 / 19</u> <small>Appt Date</small> <u>1/31/2021</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</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
Golden State Highway and Transportation District Board of Directors	Name <u>Walton, Shamann</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	<u>2 / 05 / 19</u> <small>Appt Date</small> <u>1/31/2021</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</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
Golden State Highway and Transportation District Board of Directors	Name <u>Yee, Norman</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	<u>1 / 29 / 19</u> <small>Appt Date</small> <u>1/31/2021</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</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
Metropolitan Transportation Commission	Name <u>Ronen, Hillary</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	<u>12 / 11 / 18</u> <small>Appt Date</small> <u>2/10/2023</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
Local Agency Formation Commission	Name <u>Fewer, Sandra</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	<u>1 / 29 / 19</u> <small>Appt Date</small> <u>2/4/2023</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</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"/> Other

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Continuation Sheet

1. Agency Name	Date Posted: _____ <small>(Month, Day, Year)</small>
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Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Local Agency Formation Commission	▶ Name <u>Haney, Matt</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>2 / 5 / 19</u> <small>Appt Date</small> <u>2/4/2022</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ 100 ▶ 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"/> _____ <small>Other</small>
Local Agency Formation Commission	▶ Name <u>Mar, Gordon</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>2 / 5 / 19</u> <small>Appt Date</small> <u>2/4/2022</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ 100 ▶ 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"/> _____ <small>Other</small>
Local Agency Formation Commission	▶ Name <u>Ronen, Hillary</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 29 / 19</u> <small>Appt Date</small> <u>2/4/2023</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ 100 ▶ 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"/> _____ <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>
	▶ 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>