

**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			
Area Code/Phone Number 415 554 - 5184	E-mail angela.calvillo@sfgov.org	Date Posted: 7/13/2018 <small>(Month, Day, Year)</small>	Page <u>1</u> of <u>2</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 Governments Executive Board	▶ Name <u>Yee, Norman</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>2 / 7 / 17</u> <small>Appt Date</small> ▶ <u>6/30/2019</u> <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"/> Other
Bay Area Air Quality Management District Board of Directors	▶ Name <u>Ronen, Hillary</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>2 / 7 / 17</u> <small>Appt Date</small> ▶ <u>2/1/2021</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</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
Metropolitan Transportation Commission	▶ Name <u>Jane Kim</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>2 / 07 / 17</u> <small>Appt Date</small> ▶ <u>2/10/2019</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
Bay Conservation and Development Commission	▶ Name <u>Peskin, Aaron</u> <small>(Last, First)</small> Alternate, if any <u>Kim, Jane</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>100.00</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

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	Clerk of the Board	7/13/2018
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>7/13/2018</u> <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
Golden Gate Bridge Highway and Transportation District Board of Directors	▶ Name <u>Yee, Norman</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>2 / 7 / 17</u> <small>Appt Date</small> ▶ <u>1/31/2019</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 Gate Bridge Highway and Transportation District Board of Directors	▶ Name <u>Fewer, Sandra Lee</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>10 / 24 / 17</u> <small>Appt Date</small> ▶ <u>1/31/19</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
Local Agency Formation Commission	▶ Name <u>Fewer, Sandra</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>2 / 28 / 17</u> <small>Appt Date</small> ▶ <u>2/4/2019</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</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
Local Agency Formation Commission	▶ Name <u>Ronen, Hillary</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>2 / 7 / 17</u> <small>Appt Date</small> ▶ <u>2/4/2019</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</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
	▶ 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