

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name MARIN COUNTY		California Form 806 For Official Use Only	
Division, Department, or Region (If Applicable) BOARD OF SUPERVISORS			
Designated Agency Contact (Name, Title) DIANE PATTERSON, ASSISTANT CLERK OF THE BOARD			
Area Code/Phone Number 415-473-7331	E-mail dpatterson@marincounty.org	Page <u>1</u> of <u>3</u>	Date Posted: 01/07/2021 <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
Association of Bay Area Gove	▶ Name <u>Moulton-Peters, Stephanie</u> <small>(Last, First)</small> Alternate, if any <u>Connolly, Damon</u> <small>(Last, First)</small>	▶ <u>01 / 12 / 21</u> <small>Appt Date</small> <u>2 Years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150</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
Association of Bay Area Gove	▶ Name <u>Moulton-Peters, Stephanie</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>02 / 02 / 21</u> <small>Appt Date</small> <u>2 Years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150</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
BAAQMD - Bay Area Air Qu	▶ Name <u>Rice, Katie</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>10 / 02 / 18</u> <small>Appt Date</small> <u>4 Years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</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
GGBHTD Golden Gate Bridg	▶ Name <u>Rodoni, Dennis</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 12 / 21</u> <small>Appt Date</small> <u>2 Years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50/day</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.

<u><i>Diane Patterson</i></u> <small>Signature of Agency Head or Designee</small>	<u>Diane Patterson</u> <small>Print Name</small>	<u>Asst. Clerk</u> <small>Title</small>	<u>02/10/2021</u> <small>(Month, Day, Year)</small>
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Comment: _____

**Agency Report of:
Public Official Appointments
Continuation Sheet**

Marin County Board of Supervisors

1. Agency Name

Date Posted: 01/07/21
(Month, Day, Year)

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
GGBHTD Golden Gate Bridge	▶ Name <u>Arnold, Judy</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>01 / 01 / 20</u> <i>Appt Date</i> <u>2 Years</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>50/day</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
LAFCO -Local Agency Forma	▶ Name <u>Connolly, Damon</u> <i>(Last, First)</i> Alternate, if any <u>Rodoni, Dennis</u> <i>(Last, First)</i>	▶ <u>01 / 29 / 19</u> <i>Appt Date</i> <u>4 Years</u> <i>Length of Term</i>	▶ 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
LAFCO -Local Agency Forma	▶ Name <u>Arnold, Judy</u> <i>(Last, First)</i> Alternate, if any <u>Rodoni, Dennis</u> <i>(Last, First)</i>	▶ <u>01 / 14 / 20</u> <i>Appt Date</i> <u>4 Years</u> <i>Length of Term</i>	▶ 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
MTC - Metropolitan Transport	▶ Name <u>Connolly, Damon</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>02 / 10 / 19</u> <i>Appt Date</i> <u>4 Years</u> <i>Length of Term</i>	▶ 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
BCDC - San Francisco Bay Cc	▶ Name <u>Moulton-Peters, Stephanie</u> <i>(Last, First)</i> Alternate, if any <u>Connolly, Damon</u> <i>(Last, First)</i>	▶ <u>01 / 12 / 21</u> <i>Appt Date</i> <u>Not Fixed</u> <i>Length of Term</i>	▶ 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
San Rafael Sanitation District	▶ Name <u>Rice, Katie</u> <i>(Last, First)</i> Alternate, if any <u>Connolly, Damon</u> <i>(Last, First)</i>	▶ <u>01 / 12 / 21</u> <i>Appt Date</i> <u>4 years</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>100</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

**Agency Report of:
Public Official Appointments
Continuation Sheet**

MARIN COUNTY BOARD OF SUPERVISORS

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
SMART - Sonoma Marin Are	▶ Name <u>Arnold, Judy</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 12 / 21</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"/> _____ <small>Other</small>
SMART - Sonoma Marin Are	▶ Name <u>Connolly, Damon</u> <small>(Last, First)</small> Alternate, if any <u>Rodoni, Dennis</u> <small>(Last, First)</small>	▶ <u>01 / 14 / 20</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"/> _____ <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>
	▶ 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>