## Agency Report of: Public Official Appointments

## **A Public Document**

1.	Agency Name					California 806	
	City of East Palo Alto					Form OUO For Official Use Only	
	Division, Department, or Region (If Applicable)					Por Official Ose Offiy	
	Designated Agency Contact	(Name, Title)					
	Carlos Martinez, Interim City Manager				Date Posted:		
	Area Code/Phone Number	E-mail		Page 1 of	: 1	01-15-2015	
	650-853-3100	cmartinez@cityofepa.org		rage or		(Month, Day, Year)	
2.	Appointments						
	Agency Boards and Commissions	Name of Appointed Person		Appt Date and Length of Term	Per Me	eting/Annual Salary/Stipend	
	San Mateo County Mosquito and Vector Control Board	Name Rutherford, Donna (Last, First)  Alternate, if any(Last, First)	<u> </u>	2 years Length of Term	▶ Per Meeting:       \$		
		Name(Last, First)  Alternate, if any(Last, First)	<u>-</u>	Appt Date  Length of Term			
		Name(Last, First)  Alternate, if any(Last, First)	<u>}_</u>	Appl Date  Length of Term	▶ Estima  □ \$0-\$1	ted Annual: ,000	
		Name(Last, First)  Alternate, if any(Last, First)	<b>-</b>	Appt Date  Length of Term			
#	. Verification  These replantance stand FPPC Regulation 18705.5. I have verified that the appointment and information identified above is true to the best of my information and belief.  Carlos Martinez Interim City Manager 01-15-15						
	Signature of Agency Head or Designed			Title		(Month, Day, Year)	