

# Agency Report of: Public Official Appointments

A Public Document

<b>1. Agency Name</b> CITY OF EL CERRITO			<b>California Form 806</b> For Official Use Only
Division, Department, or Region (If Applicable)  CITY COUNCIL			
Designated Agency Contact (Name, Title)  Holly M. Charley, City Clerk			
Area Code/Phone Number (510) 215-4305	E-mail hcharley@ci.el-cerrito.ca.us	Page 1 of 1	Date Posted: 1/18/2023 <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
West Contra Costa Waste Management Authority (RecycleMore)	▶ Name <u>Rudnick, Tessa</u> <small>(Last, First)</small>  Alternate, if any <u>Wysinger, Carolyn</u> <small>(Last, First)</small>	▶ <u>01 / 17 / 23</u> <small>Appt Date</small>  ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</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"/> <u>                    </u> <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>

## 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.

Holly M. Charley	City Clerk	1/18/2023
Signature of Agency Head or Designee	Print Name	Title

Comment: \_\_\_\_\_

Print
Clear