

Agency Report of: Public Official Appointments

A Public Document

1. Agency Name		<div style="border: 1px solid black; padding: 5px; text-align: center;"> California Form 806 For Official Use Only </div>	
City of Foster City			
Division, Department, or Region (If Applicable)			
Communications/City Clerk Department			
Designated Agency Contact (Name, Title)			
Priscilla Schaus, Communications Director/City Clerk			
Area Code/Phone Number	E-mail	Page <u>1</u> of <u>1</u>	Date Posted: 2/18/2021 <small>(Month, Day, Year)</small>
650-286-3250	clerk@fostercity.org		

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Bay Area Water Supply & Conservation Agency	▶ Name <u>Hindi, Sam</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 17 / 18</u> <small>Appt Date</small> ▶ <u>4 years (partial)</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"/> <u>Other</u>
Association of Bay Area Governments <i>*the alternate only attends meetings if a representative is unable to attend. Stipend is only provided for meeting attendance.</i>	▶ Name _____ <small>(Last, First)</small> Alternate, if any <u>Hindi, Sam</u> <small>(Last, First)</small>	▶ <u>6 / 28 / 19</u> <small>Appt Date</small> ▶ <u>2 years</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 checked="" type="checkbox"/> <u>N/A</u> <small>Other</small>
Association of Bay Area Governments <i>*the alternate only attends meetings if a representative is unable to attend. Stipend is only provided for meeting attendance.</i>	▶ Name _____ <small>(Last, First)</small> Alternate, if any <u>Awasthi, Richa</u> <small>(Last, First)</small>	▶ <u>1 / 29 / 21</u> <small>Appt Date</small> ▶ <u>6 months</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 checked="" type="checkbox"/> <u>N/A</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"/> <u>Other</u>

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.

DocuSigned by:

 Signature of Agency Head or Designee

Priscilla Schaus
 Print Name

Communications Director/City Clerk 2/25/2021 | 6:23 PM
 Title (Month, Day, Year)

Comment: _____