

**Agency Report of:  
Public Official Appointments**

A Public Document

**1. Agency Name**  
ALAMEDA-CONTRA COSTA TRANSIT DISTRICT  
Division, Department, or Region (If Applicable)  
BOARD OF DIRECTORS  
Designated Agency Contact (Name, Title)  
LINDA A. NEMEROFF, DISTRICT SECRETARY  
Area Code/Phone Number 510.891.7284  
E-mail LNEMEROFF@ACTRANSIT.ORG


**RECEIVED**  
California Form **806**  
For Official Use Only  
JAN 13 2017  
DISTRICT SECRETARY'S OFFICE  
Date Posted: 1/13/17  
(Month, Day, Year)  
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**2. Appointments**

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
ALAMEDA COUNTY TRANSPORTATION COMMISSION	Name <u>Elsa Ortiz</u> <small>(Last, First)</small> Alternate, if any <u>H. E. Christian Peebles</u> <small>(Last, First)</small>	<u>1 / 25 / 17</u> <small>Appt Date</small> <u>Until replaced</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>225.00</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>5,400.00</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.

  
Signature of Agency Head or Designee

Linda A. Nemeroff  
Print Name

District Secretary  
Title

1/13/17  
(Month, Day, Year)

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