

**Agency Report of:
Public Official Appointments**

A Public Document


1. Agency Name		California Form 806	For Official Use Only
Transportation Authority of Marin			
Division, Department, or Region (If Applicable)			
County of Marin			
Designated Agency Contact (Name, Title)		Page <u>1</u> of <u>1</u>	Date Posted: 05/28/21 <small>(Month, Day, Year)</small>
Denise Merleno			
Area Code/Phone Number	E-mail		
415-226-0820	dmerleno@tam.ca.gov		

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Sonoma Marin Area Rail Trar	▶ Name <u>Lucan, Eric</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 23 / 20</u> <small>Appt Date</small> ▶ <u>4</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 type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ <small>Other</small>
Sonoma Marin Area Rail Trar	▶ Name <u>Kate Colin</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 28 / 21</u> <small>Appt Date</small> ▶ _____ <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 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.

 _____ <small>Signature of Agency Head or Designee</small>	Denise Merleno _____ <small>Print Name</small>	Executive Assistant _____ <small>Title</small>	05/28/2021 _____ <small>(Month, Day, Year)</small>
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Comment: _____