

Agency Report of: Public Official Appointments

A Public Document

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|--|--------|---------------------|---|
| 1. Agency Name | | | California Form 806 For Official Use Only |
| Division, Department, or Region <i>(If Applicable)</i> | | | Date Posted: <i>(Month, Day, Year)</i> |
| Designated Agency Contact <i>(Name, Title)</i> | | | |
| Area Code/Phone Number | E-mail | Page _____ of _____ | |

2. Appointments

| Agency Boards and Commissions | Name of Appointed Person | Appt Date and Length of Term | Per Meeting/Annual Salary/Stipend |
|-------------------------------|---|---|--|
| | ▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i> | ▶ _____/_____/_____ <i>Appt Date</i> ▶ _____ <i>Length of Term</i> | ▶ 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"/> _____ <i>Other</i> |
| | ▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i> | ▶ _____/_____/_____ <i>Appt Date</i> ▶ _____ <i>Length of Term</i> | ▶ 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"/> _____ <i>Other</i> |
| | ▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i> | ▶ _____/_____/_____ <i>Appt Date</i> ▶ _____ <i>Length of Term</i> | ▶ 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"/> _____ <i>Other</i> |
| | ▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i> | ▶ _____/_____/_____ <i>Appt Date</i> ▶ _____ <i>Length of Term</i> | ▶ 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"/> _____ <i>Other</i> |

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 Print Name Title (Month, Day, Year)

Comment: _____