

# Agency Report of: Public Official Appointments

A Public Document

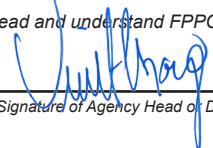
<b>1. Agency Name</b>		<b>California Form 806</b> <small>For Official Use Only</small>	<b>REVIEWED</b> <i>By CTrang at 10:18 am, Jan 21, 2022</i>
Division, Department, or Region <i>(If Applicable)</i>			
Designated Agency Contact <i>(Name, Title)</i>			
Area Code/Phone Number	E-mail	Page _____ of _____	Date Posted:  <small><i>(Month, Day, Year)</i></small>

## 2. Appointments

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

## 3. Verification

*I have read and understand FPPC Regulation 18705.5. I have verified that the appointment and information identified above is true to the best of my information and belief.*

	Print Name	Title	(Month, Day, Year)
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Comment: \_\_\_\_\_