# Agency Report of:
## Public Official Appointments

**A Public Document**

**California Form 806**

For Official Use Only

### 1. Agency Name

**Division, Department, or Region** *(If Applicable)*

**Designated Agency Contact** *(Name, Title)*

**Area Code/Phone Number**     **E-mail**

Page _____ of _____

**Date Posted:**

_____
*(Month, Day, Year)*

### 2. Appointments

| Agency Boards and Commissions | Name of Appointed Person | Appt Date and Length of Term | Per Meeting/Annual Salary/Stipend |
|---|---|---|---|
| | ▶Name _____ *(Last, First)* <br><br> Alternate, if any _____ *(Last, First)* | ▶ ___/___/___ *Appt Date* <br><br> ▶ _____ *Length of Term* | ▶ *Per Meeting:* $ _____ <br> ▶ *Estimated Annual:* <br> ☐ $0-$1,000  ☐ $2,001-$3,000 <br> ☐ $1,001-$2,000  ☐ _____ *Other* |
| | ▶Name _____ *(Last, First)* <br><br> Alternate, if any _____ *(Last, First)* | ▶ ___/___/___ *Appt Date* <br><br> ▶ _____ *Length of Term* | ▶ *Per Meeting:* $ _____ <br> ▶ *Estimated Annual:* <br> ☐ $0-$1,000  ☐ $2,001-$3,000 <br> ☐ $1,001-$2,000  ☐ _____ *Other* |
| | ▶Name _____ *(Last, First)* <br><br> Alternate, if any _____ *(Last, First)* | ▶ ___/___/___ *Appt Date* <br><br> ▶ _____ *Length of Term* | ▶ *Per Meeting:* $ _____ <br> ▶ *Estimated Annual:* <br> ☐ $0-$1,000  ☐ $2,001-$3,000 <br> ☐ $1,001-$2,000  ☐ _____ *Other* |
| | ▶Name _____ *(Last, First)* <br><br> Alternate, if any _____ *(Last, First)* | ▶ ___/___/___ *Appt Date* <br><br> ▶ _____ *Length of Term* | ▶ *Per Meeting:* $ _____ <br> ▶ *Estimated Annual:* <br> ☐ $0-$1,000  ☐ $2,001-$3,000 <br> ☐ $1,001-$2,000  ☐ _____ *Other* |

### 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: _____

# Agency Report of:
## Public Official Appointments
## Continuation Sheet

### 1. Agency Name

Date Posted: _____
*(Month, Day, Year)*

### 2. Appointments

| Agency Boards and Commissions | Name of Appointed Person | Appt Date and Length of Term | Per Meeting/Annual Salary/Stipend |
|---|---|---|---|
| | ▶Name _____ *(Last, First)* <br><br> Alternate, if any _____ *(Last, First)* | ▶ ___/___/___ *Appt Date* <br><br> ▶ _____ *Length of Term* | ▶ *Per Meeting:* $ _____ <br> ▶ *Estimated Annual:* <br> ☐ $0-$1,000   ☐ $2,001-$3,000 <br> ☐ $1,001-$2,000   ☐ _____ *Other* |
| | ▶Name _____ *(Last, First)* <br><br> Alternate, if any _____ *(Last, First)* | ▶ ___/___/___ *Appt Date* <br><br> ▶ _____ *Length of Term* | ▶ *Per Meeting:* $ _____ <br> ▶ *Estimated Annual:* <br> ☐ $0-$1,000   ☐ $2,001-$3,000 <br> ☐ $1,001-$2,000   ☐ _____ *Other* |
| | ▶Name _____ *(Last, First)* <br><br> Alternate, if any _____ *(Last, First)* | ▶ ___/___/___ *Appt Date* <br><br> ▶ _____ *Length of Term* | ▶ *Per Meeting:* $ _____ <br> ▶ *Estimated Annual:* <br> ☐ $0-$1,000   ☐ $2,001-$3,000 <br> ☐ $1,001-$2,000   ☐ _____ *Other* |
| | ▶Name _____ *(Last, First)* <br><br> Alternate, if any _____ *(Last, First)* | ▶ ___/___/___ *Appt Date* <br><br> ▶ _____ *Length of Term* | ▶ *Per Meeting:* $ _____ <br> ▶ *Estimated Annual:* <br> ☐ $0-$1,000   ☐ $2,001-$3,000 <br> ☐ $1,001-$2,000   ☐ _____ *Other* |
| | ▶Name _____ *(Last, First)* <br><br> Alternate, if any _____ *(Last, First)* | ▶ ___/___/___ *Appt Date* <br><br> ▶ _____ *Length of Term* | ▶ *Per Meeting:* $ _____ <br> ▶ *Estimated Annual:* <br> ☐ $0-$1,000   ☐ $2,001-$3,000 <br> ☐ $1,001-$2,000   ☐ _____ *Other* |
| | ▶Name _____ *(Last, First)* <br><br> Alternate, if any _____ *(Last, First)* | ▶ ___/___/___ *Appt Date* <br><br> ▶ _____ *Length of Term* | ▶ *Per Meeting:* $ _____ <br> ▶ *Estimated Annual:* <br> ☐ $0-$1,000   ☐ $2,001-$3,000 <br> ☐ $1,001-$2,000   ☐ _____ *Other* |