

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name

Division, Department, or Region (If Applicable)

Designated Agency Contact (Name, Title)

Area Code/Phone Number

E-mail

California Form 806

For Official Use Only

Date Posted:

Page _____ of _____

(Month, Day, Year)

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend				
	<p>► Name _____ (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>► _____ / _____ / _____ Appt Date</p> <p>► _____ Length of Term</p>	<p>► Per Meeting: \$ _____</p> <p>► Estimated Annual:</p> <table> <tr> <td>\$0-\$1,000</td> <td>\$2,001-\$3,000</td> </tr> <tr> <td>\$1,001-\$2,000</td> <td>_____ Other</td> </tr> </table>	\$0-\$1,000	\$2,001-\$3,000	\$1,001-\$2,000	_____ Other
\$0-\$1,000	\$2,001-\$3,000						
\$1,001-\$2,000	_____ Other						
	<p>► Name _____ (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>► _____ / _____ / _____ Appt Date</p> <p>► _____ Length of Term</p>	<p>► Per Meeting: \$ _____</p> <p>► Estimated Annual:</p> <table> <tr> <td>\$0-\$1,000</td> <td>\$2,001-\$3,000</td> </tr> <tr> <td>\$1,001-\$2,000</td> <td>_____ Other</td> </tr> </table>	\$0-\$1,000	\$2,001-\$3,000	\$1,001-\$2,000	_____ Other
\$0-\$1,000	\$2,001-\$3,000						
\$1,001-\$2,000	_____ Other						
	<p>► Name _____ (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>► _____ / _____ / _____ Appt Date</p> <p>► _____ Length of Term</p>	<p>► Per Meeting: \$ _____</p> <p>► Estimated Annual:</p> <table> <tr> <td>\$0-\$1,000</td> <td>\$2,001-\$3,000</td> </tr> <tr> <td>\$1,001-\$2,000</td> <td>_____ Other</td> </tr> </table>	\$0-\$1,000	\$2,001-\$3,000	\$1,001-\$2,000	_____ Other
\$0-\$1,000	\$2,001-\$3,000						
\$1,001-\$2,000	_____ Other						
	<p>► Name _____ (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>► _____ / _____ / _____ Appt Date</p> <p>► _____ Length of Term</p>	<p>► Per Meeting: \$ _____</p> <p>► Estimated Annual:</p> <table> <tr> <td>\$0-\$1,000</td> <td>\$2,001-\$3,000</td> </tr> <tr> <td>\$1,001-\$2,000</td> <td>_____ Other</td> </tr> </table>	\$0-\$1,000	\$2,001-\$3,000	\$1,001-\$2,000	_____ Other
\$0-\$1,000	\$2,001-\$3,000						
\$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**

California Form 806
A Public Document

Page _____ of _____

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
Joint Water Line Commission	► Name _____ (Last, First) Alternate, if any _____ (Last, First)	► _____ / _____ / _____ Appt Date ► _____ Length of Term	► Per Meeting: \$ _____ ► Estimated Annual: \$0-\$1,000 \$2,001-\$3,000 \$1,001-\$2,000 Other _____
Agency	► Name _____ (Last, First) Alternate, if any _____ (Last, First)	► _____ / _____ / _____ Appt Date ► _____ Length of Term	► Per Meeting: \$ _____ ► Estimated Annual: \$0-\$1,000 \$2,001-\$3,000 \$1,001-\$2,000 Other _____
Community Coordinating Council	► Name _____ (Last, First) Alternate, if any _____ (Last, First)	► _____ / _____ / _____ Appt Date ► _____ Length of Term	► Per Meeting: \$ _____ ► Estimated Annual: \$0-\$1,000 \$2,001-\$3,000 \$1,001-\$2,000 Other _____
Project Ad Hoc Committee	► Name _____ (Last, First) Alternate, if any _____ (Last, First)	► _____ / _____ / _____ Appt Date ► _____ Length of Term	► Per Meeting: \$ _____ ► Estimated Annual: \$0-\$1,000 \$2,001-\$3,000 \$1,001-\$2,000 Other _____
Association SGV Chapter	► Name _____ (Last, First) Alternate, if any _____ (Last, First)	► _____ / _____ / _____ Appt Date ► _____ Length of Term	► Per Meeting: \$ _____ ► Estimated Annual: \$0-\$1,000 \$2,001-\$3,000 \$1,001-\$2,000 Other _____
	► Name _____ (Last, First) Alternate, if any _____ (Last, First)	► _____ / _____ / _____ Appt Date ► _____ Length of Term	► Per Meeting: \$ _____ ► Estimated Annual: \$0-\$1,000 \$2,001-\$3,000 \$1,001-\$2,000 Other _____