

**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> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ Other</p>
	<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> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ Other</p>
	<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> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ Other</p>
	<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> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ Other</p>

**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: \_\_\_\_\_