

# Agency Report of: Public Official Appointments

A Public Document


<b>1. Agency Name</b>			<b>California Form 806</b>
Division, Department, or Region (If Applicable)			For Official Use Only
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)  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
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## 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**

Page \_\_\_\_ of \_\_\_\_

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(Month, Day, Year)

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