

Agency Report of: Public Official Appointments

A Public Document

1. Agency Name			California Form 806
Division, Department, or Region <i>(If Applicable)</i>			For Official Use Only
Designated Agency Contact <i>(Name, Title)</i>		Page ____ of ____	Date Posted:
Area Code/Phone Number	E-mail		<i>(Month, Day, Year)</i>

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
	▶ Name _____ <small style="margin-left: 100px;"><i>(Last, First)</i></small>	▶ ____/____/____ <small style="margin-left: 100px;"><i>Appt Date</i></small>	▶ Per Meeting: \$ _____ ▶ Estimated Annual: \$0-\$1,000 \$2,001-\$3,000 \$1,001-\$2,000 _____ <small style="margin-left: 150px;"><i>Other</i></small>
	Alternate, if any _____ <small style="margin-left: 100px;"><i>(Last, First)</i></small>	▶ _____ <small style="margin-left: 100px;"><i>Length of Term</i></small>	
	▶ Name _____ <small style="margin-left: 100px;"><i>(Last, First)</i></small>	▶ ____/____/____ <small style="margin-left: 100px;"><i>Appt Date</i></small>	▶ Per Meeting: \$ _____ ▶ Estimated Annual: \$0-\$1,000 \$2,001-\$3,000 \$1,001-\$2,000 _____ <small style="margin-left: 150px;"><i>Other</i></small>
	Alternate, if any _____ <small style="margin-left: 100px;"><i>(Last, First)</i></small>	▶ _____ <small style="margin-left: 100px;"><i>Length of Term</i></small>	
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	▶ Name _____ <small style="margin-left: 100px;"><i>(Last, First)</i></small>	▶ ____/____/____ <small style="margin-left: 100px;"><i>Appt Date</i></small>	▶ Per Meeting: \$ _____ ▶ Estimated Annual: \$0-\$1,000 \$2,001-\$3,000 \$1,001-\$2,000 _____ <small style="margin-left: 150px;"><i>Other</i></small>
	Alternate, if any _____ <small style="margin-left: 100px;"><i>(Last, First)</i></small>	▶ _____ <small style="margin-left: 100px;"><i>Length of Term</i></small>	

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

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	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ _____ / ____ / ____ <i>Appt Date</i> ▶ _____ <i>Length of Term</i>	▶ Per Meeting: \$ _____ ▶ Estimated Annual: \$0-\$1,000 \$2,001-\$3,000 \$1,001-\$2,000 _____ <i>Other</i>
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