## Agency Report of: Public Official Appointments

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1.	Agency Name			Califor Form	nia 806		
	Division, Department, or Reg			For Official Use Only			
	<b>Designated Agency Contact</b>						
	Area Code/Phone Number	_			Oate Posted:  (Month, Day, Year)		
2.	Appointments				[ (IVIOIT	ui, Day, Teary	
	Agency Boards and Commissions	Name of Appointed Person		Appt Date and Per Meeting/Annual		Salary/Stipend	
		▶Name(Last, First)  Alternate, if any(Last, First)	•   •	Per Meeting: \$   Per Meeting: \$   Estimated Annual \$0-\$1,000 \$   \$1,001-\$2,000		ted Annual:	\$2,001-\$3,000 Other
		Name(Last, First)  Alternate, if any(Last, First)		Appt Date  Length of Term	► Estima \$0-\$1	ted Annual: 1,000 11-\$2,000	\$2,001-\$3,000 Other
		Name(Last, First)  Alternate, if any(Last, First)		Appt Date  Length of Term	► Estima - \$0-\$1	ted Annual: 1,000	\$2,001-\$3,000 Other
		▶Name(Last, First)  Alternate, if any(Last, First)		Appt Date  Appt Date  Length of Term	► Estima \$0-\$1	ted Annual: 1,000	\$2,001-\$3,000 Other
3.	Verification I have read and understand FPPC Reg	ulation 18702.5. I have verified that the appointment and	l information	identified above is t	rue to the bes	st of my inform	nation and belief.
	Signature of Agency Head or Design	ee Print Name	_	Title		(	Month, Day, Year)
	Comment:						