

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>			Date Posted:
Area Code/Phone Number	E-mail	Page _____ of _____	_____
			<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="text-align: center;">(Last, First)</small>	▶ _____/_____/_____ <small style="text-align: center;">Appt Date</small>	▶ Per Meeting: \$ _____
	Alternate, if any _____ <small style="text-align: center;">(Last, First)</small>	▶ _____ <small style="text-align: center;">Length of Term</small>	▶ Estimated Annual: \$0-\$1,000 \$2,001-\$3,000 \$1,001-\$2,000 _____ <small style="text-align: right;">Other</small>
	▶ Name _____ <small style="text-align: center;">(Last, First)</small>	▶ _____/_____/_____ <small style="text-align: center;">Appt Date</small>	▶ Per Meeting: \$ _____
	Alternate, if any _____ <small style="text-align: center;">(Last, First)</small>	▶ _____ <small style="text-align: center;">Length of Term</small>	▶ Estimated Annual: \$0-\$1,000 \$2,001-\$3,000 \$1,001-\$2,000 _____ <small style="text-align: right;">Other</small>
	▶ Name _____ <small style="text-align: center;">(Last, First)</small>	▶ _____/_____/_____ <small style="text-align: center;">Appt Date</small>	▶ Per Meeting: \$ _____
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	▶ Name _____ <small style="text-align: center;">(Last, First)</small>	▶ _____/_____/_____ <small style="text-align: center;">Appt Date</small>	▶ Per Meeting: \$ _____
	Alternate, if any _____ <small style="text-align: center;">(Last, First)</small>	▶ _____ <small style="text-align: center;">Length of Term</small>	▶ Estimated Annual: \$0-\$1,000 \$2,001-\$3,000 \$1,001-\$2,000 _____ <small style="text-align: right;">Other</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)

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