

**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> <table> <tr> <td>\$0-\$1,000</td> <td>\$2,001-\$3,000</td> </tr> <tr> <td>\$1,001-\$2,000</td> <td>Other _____</td> </tr> </table>	\$0-\$1,000	\$2,001-\$3,000	\$1,001-\$2,000	Other _____
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\$1,001-\$2,000	Other _____						
	<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> <table> <tr> <td>\$0-\$1,000</td> <td>\$2,001-\$3,000</td> </tr> <tr> <td>\$1,001-\$2,000</td> <td>Other _____</td> </tr> </table>	\$0-\$1,000	\$2,001-\$3,000	\$1,001-\$2,000	Other _____
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\$1,001-\$2,000	Other _____						

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.

Wendy Wood

Signature of Agency Head or Designee

Print Name

Title

(Month, Day, Year)

Comment: _____