Agency Report of: Public Official Appointments

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Agency Name			Califo For	ernia 806		
Division, Department, or Reg	gion (If Applicable)		For	Official Use Only		
Designated Agency Contact	(Name, Title)					
Area Code/Phone Number	E-mail	Page		Date Posted: (Month, Day, Year)		
Appointments				•		
Agency Boards and Commissions	Name of Appointed Person		Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend		
	▶Name(Last, First)	_	Appt Date	► Per Meeting: \$ — ► Estimated Annual		
	Alternate, if any(Last. First)	-	Length of Term	\$0-\$1,000 \$1,001-\$2,000	\$2,001-\$3,000 Other	
	Name(Last, First) Alternate, if any(Last, First)		Appt Date Length of Term	► Per Meeting: \$ — ► Estimated Annual \$0-\$1,000		
	▶Name(Last, First)	}_	Appt Date	\$1,001-\$2,000 Per Meeting: \$ —	Other	
	Alternate, if any(Last, First)		Length of Term	► Estimated Annual \$0-\$1,000 \$1,001-\$2,000	\$2,001-\$3,000 Other	
	►Name(Last, First) Alternate, if any	_ -	Appt Date	➤ Per Meeting: \$ — ➤ Estimated Annual \$0-\$1,000	\$2,001-\$3,000	
	(Last, First)		Length of Term	\$1,001-\$2,000	Other	
Verification I have read and understand FPPC Reg Jamufn Dowetk	gulation 18702.5. I have verified that the appointment and	information	n identified above is tr	rue to the best of my inf	ormation and belief.	
Signature of Agency Head or Design	ee Print Name		Title		(Month, Day, Year)	