Agency Report of: Public Official Appointments

A Public Document

i.	Agency Name					California 806
	Division, Department, or Reg	ion (If Applicable)				For Official Use Only
	Designated Agency Contact	(Name, Title)				
						Date Posted:
	Area Code/Phone Number	E-mail		Page of		(Month, Day, Year)
2.	Appointments					(1 1 / 1 / 2 / 1 / 1
	Agency Boards and Commissions	Name of Appointed Person		Appt Date and Length of Term	Per Me	eting/Annual Salary/Stipend
		Name(Last, First) Alternate, if any(Last, First)	<u> </u>	/ / / Appt Date Length of Term	▶ <i>Estima</i>	ted Annual: ,000
		Name(Last, First) Alternate, if any(Last, First)	<u>-</u>	Appt Date Length of Term	▶ <i>Estima</i>	ted Annual: ,000
		Name(Last, First) Alternate, if any(Last, First)	<u>-</u>	Appt Date Length of Term	▶ Estima	ted Annual: ,000
		Name(Last, First) Alternate, if any(Last, First)	<u>-</u>	Appt Date Length of Term	▶ <i>Estima</i>	ted Annual: ,000
3.	S. 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 Designe Comment:	e Print Name		Title		(Month, Day, Year)

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