Agency Report of:
Public Official Appointments

A Public Document

1. Agency Name

California Form 806

For Official Use Only

Division, Department, or Region *(If Applicable)*

Designated Agency Contact *(Name, Title)*

Area Code/Phone Number   **E-mail**

Page _____ of _____

Date Posted:
_____
(Month, Day, Year)

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
	▶ Name _____ *(Last, First)* Alternate, if any _____ *(Last, First)*	▶ ___/___/___ *Appt Date* ▶ _____ *Length of Term*	▶ *Per Meeting:* $ _____ ▶ *Estimated Annual:* ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ *Other*
	▶ Name _____ *(Last, First)* Alternate, if any _____ *(Last, First)*	▶ ___/___/___ *Appt Date* ▶ _____ *Length of Term*	▶ *Per Meeting:* $ _____ ▶ *Estimated Annual:* ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ *Other*
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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)

2. Appointments

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