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

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*

	▶Name _____ *(Last, First)*
	
	Alternate, if any /Haskew, Loella _____ *(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 Hudson, Dave _____ *(Last, First)*
		▶ ___/___/___ *Appt Date*
		
		▶ _____ *Length of Term*
			▶ *Per Meeting:* $ _____
			
			▶ *Estimated Annual:*
			  $0-$1,000 $2,001-$3,000
			  $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.

Timothy Haile

| 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

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
	▶Name _____ *(Last, First)* /Meadows, Aaron 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)* /Carlson, Ken 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)* /Noack, Sue 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*
	▶Name _____ *(Last, First)* /Fadelli, Paul 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 _____ Thorpe, Lamar *(Last, First)*	▶ ___/___/___ *Appt Date* ▶ _____ *Length of Term*	▶ *Per Meeting:* $ _____ ▶ *Estimated Annual:* $0-$1,000 $2,001-$3,000 $1,001-$2,000 _____ *Other*