

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name City of Red Bluff <hr/> Division, Department, or Region <i>(If Applicable)</i> City Council <hr/> Designated Agency Contact <i>(Name, Title)</i> Anita Rice, Deputy City Clerk <hr/> Area Code/Phone Number E-mail (530) 527-2605 arice@cityofredbluff.org		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> California Form 806 For Official Use Only </div> <hr/> Date Posted: _____ <small>(Month, Day, Year)</small>
Page <u>1</u> of <u>1</u>		

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Tehama County Transportation Commission	Name <u>Robert Schmid</u> <small>(Last, First)</small> Alternate, if any <u>Daniele Eyestone</u> <small>(Last, First)</small>	<u>12 / 5 / 17</u> <small>Appt Date</small> <u>1-year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
Tehama County Ground Water Commission	Name <u>Clay Parker</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	<u>12 / 5 / 17</u> <small>Appt Date</small> <u>1-year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
	Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	_____ <small>Appt Date</small> _____ <small>Length of Term</small>	▶ Per Meeting: \$ _____ ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
	Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	_____ <small>Appt Date</small> _____ <small>Length of Term</small>	▶ Per Meeting: \$ _____ ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> 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.

Richard Crabtree
City Manager/Attorney
12-19-17
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____