

**Agency Report of:
Public Official Appointments**

A Public Document


1. Agency Name City of Red Bluff			California Form 806
Division, Department, or Region (If Applicable) City Council			For Official Use Only
Designated Agency Contact (Name, Title) Anita Rice, Deputy City Clerk		Page <u>1</u> of <u>1</u>	Date Posted: <u>2-23-18</u> <small>(Month, Day, Year)</small>
Area Code/Phone Number 530-527-2605	E-mail arice@cityofredbluff.org		

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 Schmed</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>100.00</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"/> <u>Other</u>
Tehama County Groundwater Commission	▶ Name <u>Clay Parker</u> <small>(Last, First)</small> Alternate, if any <u>n/a</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>25.00</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"/> <u>Other</u>
	▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u> / / </u> <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"/> <u>Other</u>
	▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u> / / </u> <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"/> <u>Other</u>

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 2/23/18
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____