

Agency Report of: Public Official Appointments

A Public Document


1. Agency Name City of Red Bluff			California Form 806 For Official Use Only
Division, Department, or Region (If Applicable) City Council			Date Posted: 1-16-2019 <small>(Month, Day, Year)</small>
Designated Agency Contact (Name, Title) Anita Rice, Deputy City Clerk			
Area Code/Phone Number (530) 527-2605	E-mail arice@cityofredbluff.org	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>Daniele Eyestone</u> <small>(Last, First)</small> Alternate, if any <u>Kris Deiters</u> <small>(Last, First)</small>	▶ <u>12 / 04 / 18</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"/> Other
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 / 04 / 18</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"/> Other
Tehama County Solid Waste Management Agency Commission	▶ Name <u>All Councilmembers</u> <small>(Last, First)</small> Alternate, if any <u>n/a</u> <small>(Last, First)</small>	▶ <u>12 / 04 / 18</u> <small>Appt Date</small> ▶ <u>1-Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</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"/> Other
Executive Committee Tehama County Solid Waste Management Agency JPA	▶ Name <u>Amanda Jenkins</u> <small>(Last, First)</small> Alternate, if any <u>Kris Deiters</u> <small>(Last, First)</small>	▶ <u>12 / 04 / 18</u> <small>Appt Date</small> ▶ <u>1-Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</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"/> 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.

 <small>Signature of Agency Head or Designee</small>	<u>Richard Crabtree</u> <small>Print Name</small>	<u>City Manager / Attorney</u> <small>Title</small>	<u>1-16-2018</u> <small>(Month, Day, Year)</small>
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Comment: _____