

# Agency Report of: Public Official Appointments

A Public Document

<b>1. Agency Name</b> City of Red Bluff		<b>California Form 806</b> For Official Use Only
<b>Division, Department, or Region</b> (If Applicable) City Council		
<b>Designated Agency Contact</b> (Name, Title) Cheryl Smith, Deputy City Clerk		
<b>Area Code/Phone Number</b> 530-527-2605	<b>E-mail</b> csmith@cityofredbluff.org	<b>Date Posted:</b> Page <u>1</u> of <u>1</u> <u>12/21/2016</u> <small>(Month, Day, Year)</small>

## 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 Jackson</u> <small>(Last, First)</small>	▶ <u>12 / 6 / 16</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>        </u> Other
	▶ 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"/> _____ Other
	▶ 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"/> _____ Other
	▶ 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"/> _____ 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.

\_\_\_\_\_

Signature of Agency Head or Designee
Print Name
Title
(Month, Day, Year)

Comment: \_\_\_\_\_