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**

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 _____ *(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*

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.

_____   _____   _____   11/19/2025
Signature of Agency Head or Designee   *Print Name*   *Title*   *(Month, Day, Year)*

Comment:_____

Agency Report of:
Public Official Appointments
Continuation Sheet

Page _____ of _____

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(Month, Day, Year)

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