Agency Report of:
Public Official Appointments

A Public Document

1. Agency Name

California Form 806

For Official Use Only

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*
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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.

Julia Espinoza

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

Comment: _____

FPPC Form 806 (1/18)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Agency Report of:
Public Official Appointments
Continuation Sheet

A Public Document

Page _____ of _____

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Date Posted: _____
(Month, Day, Year)

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