

**Agency Report of:
Public Official Appointments**

A Public Document

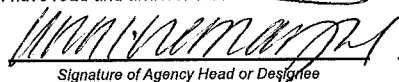
1. Agency Name Alpine County		California Form 806 For Official Use Only	
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Teola L. Tremayne, County Clerk			
Area Code/Phone Number (530) 694-2281	E-mail ttremayne@alpinecountyca.gov	Page <u>1</u> of <u>1</u>	Date Posted: <u>03/28/2017</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
Great Basin Unified Air Pollution Control District	▶ Name <u>Hames, Ron / Griffith, David</u> <small>(Last, First)</small> Alternate, if any <u>Rakow, Katherine</u> <small>(Last, First)</small>	▶ <u>01 / 03 / 17</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</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
Carson Water Subconservancy District	▶ Name <u>Jardine, Donald / Griffith, David</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 03 / 17</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</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
Lahontan Regional Water Quality Control Board	▶ Name <u>Jardine, Donald</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 03 / 17</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>200</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
Local Agency Formation Commission	▶ Name <u>Jardine / Hames / Woodrow</u> <small>(Last, First)</small> Alternate, if any <u>Griffith, David</u> <small>(Last, First)</small>	▶ <u>01 / 03 / 17</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50</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.

	Teola L. Tremayne	County Clerk	03/28/2017
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: Appointments to commissions/committees are made during the first Board of Supervisor's meeting each year.