

**Agency Report of:  
Public Official Appointments**

**A Public Document**

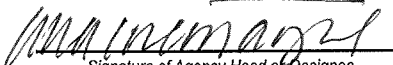
<b>1. Agency Name</b> Alpine County		<b>California Form 806</b> <small>For Official Use Only</small>	
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Teola L. Tremayne, County Clerk			
Area Code/Phone Number (530) 694-2281	E-mail ttremayne@alpinecountyca.gov	Page <u>1</u> of <u>1</u>	Date Posted: <u>07/26/2018</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 / 02 / 18</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"/> <u>Other</u>
Carson Water Subconservancy District	▶ Name <u>Jardine, Donald / Griffith, David</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 02 / 18</u> <small>Appt Date</small>  ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>80</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"/> <u>Other</u>
Lahontan Regional Water Quality Control Board	▶ Name <u>Jardine, Donald</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 02 / 18</u> <small>Appt Date</small>  ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>200</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"/> <u>Other</u>
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 / 02 / 18</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"/> <u>Other</u>

**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	07/26/2018
<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.