

**Agency Report of:
Public Official Appointments**

A Public Document

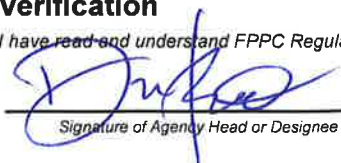
1. Agency Name CITY OF OROVILLE			California Form 806 For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) JAMIE HAYES, ASSISTANT CITY CLERK			
Area Code/Phone Number 530.538.2535	E-mail CITYCLERK@CITYOFOROVILLE.ORG	Page <u>1</u> of <u>1</u>	Date Posted: <u>01.24.2017</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
SEWERAGE COMMISSION - OROVILLE REGION (SC-OR)	▶ Name <u>DAHLMEIER, LINDA L.</u> <small>(Last, First)</small>	▶ <u>01 / 17 / 17</u> <small>Appt Date</small>	▶ Per Meeting: \$ <u>300.00</u>
	Alternate, if any <u>GOODSON, JANET</u> <small>(Last, First)</small>	▶ <u>2017-2019</u> <small>Length of Term</small>	▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>3,600</u> <small>Other</small>
	▶ Name _____ <small>(Last, First)</small>	▶ _____/_____/_____ <small>Appt Date</small>	▶ Per Meeting: \$ _____
	Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Length of Term</small>	▶ 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"/> _____ <small>Other</small>
	▶ Name _____ <small>(Last, First)</small>	▶ _____/_____/_____ <small>Appt Date</small>	▶ Per Meeting: \$ _____
	Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Length of Term</small>	▶ 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"/> _____ <small>Other</small>
	▶ Name _____ <small>(Last, First)</small>	▶ _____/_____/_____ <small>Appt Date</small>	▶ Per Meeting: \$ _____
	Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Length of Term</small>	▶ 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"/> _____ <small>Other</small>

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

DONALD RUST
Print Name

ACTING CITY ADMIN.
Title

01.24.2017
(Month, Day, Year)

Comment: _____