

**Agency Report of:  
Public Official Appointments**

**A Public Document**

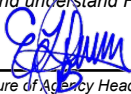
<b>1. Agency Name</b>			<b>California Form 806</b> For Official Use Only
Division, Department, or Region <i>(If Applicable)</i>			Date Posted:  <i>(Month, Day, Year)</i>
Designated Agency Contact <i>(Name, Title)</i>			
Area Code/Phone Number	E-mail	Page ____ of ____	

**2. Appointments**

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
	▶ Name _____ <i>(Last, First)</i>  Alternate, if any _____ <i>(Last, First)</i>	▶ _____/_____/_____ <i>Appt Date</i>  ▶ _____ <i>Length of Term</i>	▶ Per Meeting: \$ _____  ▶ Estimated Annual: \$0-\$1,000                      \$2,001-\$3,000 \$1,001-\$2,000                      _____ <span style="float: right;"><i>Other</i></span>
	▶ Name _____ <i>(Last, First)</i>  Alternate, if any _____ <i>(Last, First)</i>	▶ _____/_____/_____ <i>Appt Date</i>  ▶ _____ <i>Length of Term</i>	▶ Per Meeting: \$ _____  ▶ Estimated Annual: \$0-\$1,000                      \$2,001-\$3,000 \$1,001-\$2,000                      _____ <span style="float: right;"><i>Other</i></span>
	▶ Name _____ <i>(Last, First)</i>  Alternate, if any _____ <i>(Last, First)</i>	▶ _____/_____/_____ <i>Appt Date</i>  ▶ _____ <i>Length of Term</i>	▶ Per Meeting: \$ _____  ▶ Estimated Annual: \$0-\$1,000                      \$2,001-\$3,000 \$1,001-\$2,000                      _____ <span style="float: right;"><i>Other</i></span>
	▶ Name _____ <i>(Last, First)</i>  Alternate, if any _____ <i>(Last, First)</i>	▶ _____/_____/_____ <i>Appt Date</i>  ▶ _____ <i>Length of Term</i>	▶ Per Meeting: \$ _____  ▶ Estimated Annual: \$0-\$1,000                      \$2,001-\$3,000 \$1,001-\$2,000                      _____ <span style="float: right;"><i>Other</i></span>

**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	Erika Herrera-Terriquez Print Name	Assistant City Manager Title	December 2021 (Month, Day, Year)
---	---------------------------------------	---------------------------------	-------------------------------------

Comment: \_\_\_\_\_