

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name City of Suisun City		California Form 806 For Official Use Only	
Division, Department, or Region (If Applicable) City Council			
Designated Agency Contact (Name, Title) Linda Hobson, City Clerk			
Area Code/Phone Number 707 421-7300	E-mail clerk@suisun.com	Page <u>1</u> of <u>1</u>	Date Posted: <u>09/10/19</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
Solano County Water Agency	▶ Name _____ <small>(Last, First)</small> Alternate, if any <u>Adams, Anthony</u> <small>(Last, First)</small>	▶ <u>02 / 05 / 19</u> <small>Appt Date</small> _____ <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"/> _____ <small>Other</small>
Solano Transportation Authority	▶ Name _____ <small>(Last, First)</small> Alternate, if any <u>Segala, Michael</u> <small>(Last, First)</small>	▶ <u>02 / 05 / 19</u> <small>Appt Date</small> _____ <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"/> _____ <small>Other</small>
	▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Appt Date</small> _____ <small>Length of Term</small>	▶ Per Meeting: \$ _____ ▶ 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> Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Appt Date</small> _____ <small>Length of Term</small>	▶ Per Meeting: \$ _____ ▶ 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.

 DONNA ROCK DEPUTY CLERK 9/10/19
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____