

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name City of Orland		California Form 806 <small>For Official Use Only</small>	
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) Angela Crook, Assistant City Manager/City Clerk			
Area Code/Phone Number (530) 865-1601	E-mail acrook@cityoforland.com	Page <u>1</u> of <u>1</u>	Date Posted: <u>1/21/2015</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
Glenn County Transportation Commission	▶ Name <u>Roundy, Bruce</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 5 / 15</u> <small>Appt Date</small> _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</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>
Glenn County Transportation Commission	▶ Name <u>Edwards, Salina</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 5 / 15</u> <small>Appt Date</small> _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</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>
Golden State Risk Management Authority	▶ Name <u>Gee, Charles</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 1 / 15</u> <small>Appt Date</small> _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</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>Roundy, Bruce</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 1 / 13</u> <small>Appt Date</small> <u>May 2018</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>25.00</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 18705.5. I have verified that the appointment and information identified above is true to the best of my information and belief.

 <small>Signature of Agency Head or Designee</small>	<u>Angela Crook</u> <small>Print Name</small>	<u>Asst. City Manager/City Clerk</u> <small>Title</small>	<u>1/16/15</u> <small>(Month, Day, Year)</small>
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Comment: _____