

**Agency Report of:  
Public Official Appointments**

**A Public Document**

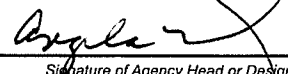
<b>1. Agency Name</b>		<b>California Form 806</b>	For Official Use Only
City of Orland			
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title)		Date Posted: <u>01/09/2020</u> <small>(Month, Day, Year)</small>	
Angela Crook, Assistant City Manager/City Clerk			
Area Code/Phone Number (530) 865-1601	E-mail acrook@cityoforland.com	Page <u>1</u> of <u>1</u>	

**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 <u>Edwards, Salina</u> <small>(Last, First)</small>	▶ <u>01 / 01 / 20</u> <small>Appt Date</small>  ▶ <u>1 year</u> <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"/> Other
Local Agency Formation Commission (LAFCO)	▶ Name <u>Roundy, Bruce</u> <small>(Last, First)</small>  Alternate, if any <u>Edwards, Salina</u> <small>(Last, First)</small>	▶ <u>01 / 01 / 20</u> <small>Appt Date</small>  ▶ <u>01/01/20</u> <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"/> Other
	▶ 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"/> Other
	▶ 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"/> Other

**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.

	Angela Crook	Asst. City Manager/City Clerk	01/08/2020
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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