

**Agency Report of:  
Public Official Appointments**

**A Public Document**


<b>1. Agency Name</b>		<b>California Form 806</b> <small>For Official Use Only</small>	
County of Calaveras			
Division, Department, or Region <i>(If Applicable)</i>			
Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i>		Page <u>1</u> of <u>1</u>	Date Posted: <u>1-11-16</u> <small>(Month, Day, Year)</small>
Karen Osborn, Clerk to the Board of Supervisors			
Area Code/Phone Number	E-mail		
209-754-6370	kosborn@co.calaveras.ca.us		

**2. Appointments**

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
LAFCO	▶ Name <u>Oliveira, Michael</u> <small>(Last, First)</small>  Alternate, if any <u>Ponte, Debbie</u> <small>(Last, First)</small>	▶ <u>1 / 5 / 16</u> <small>Appt Date</small>  ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>\$50</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>
LAFCO	▶ Name <u>Edson, Cliff</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 5 / 16</u> <small>Appt Date</small>  ▶ <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>\$50</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>
Calaveras Council of Governments (CCOG)	▶ Name <u>Edson, Cliff</u> <small>(Last, First)</small>  Alternate, if any <u>Oliveira, Michael</u> <small>(Last, First)</small>	▶ <u>1 / 5 / 16</u> <small>Appt Date</small>  ▶ <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>\$50</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>
Calaveras Council of Governments (CCOG)	▶ Name <u>Kearney, Steve</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 5 / 16</u> <small>Appt Date</small>  ▶ <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>\$50</u>  ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ <small>Other</small>

**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>Karen Osborn</u> <small>Print Name</small>	<u>Clerk to the Board</u> <small>Title</small>	<u>1-11-16</u> <small>(Month, Day, Year)</small>
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Comment: \_\_\_\_\_