

**Agency Report of:  
Public Official Appointments**

**A Public Document**

<b>1. Agency Name</b> City of Red Bluff			<b>California Form 806</b> For Official Use Only
Division, Department, or Region (If Applicable)  City Council			
Designated Agency Contact (Name, Title) Anita Rice, Deputy City Clerk			
Area Code/Phone Number (530) 527-2605	E-mail arice@cityofredbluff.org	Page <u>1</u> of <u>1</u>	Date Posted: <u>12-19-2018</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
Tehama County Transportation Commission	▶ Name <u>Daniele Eyestone</u> <small>(Last, First)</small>  Alternate, if any <u>Kris Deiters</u> <small>(Last, First)</small>	▶ <u>12 / 04 / 18</u> <small>Appt Date</small>  ▶ <u>1-Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</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"/> <u>Other</u>
Tehama County Groundwater Commission	▶ Name <u>Clay Parker</u> <small>(Last, First)</small>  Alternate, if any <u>n/a</u> <small>(Last, First)</small>	▶ <u>12 / 04 / 18</u> <small>Appt Date</small>  ▶ <u>1-Year</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>
	▶ Name _____ <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>  /  /  </u> <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"/> <u>Other</u>
	▶ Name _____ <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>  /  /  </u> <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"/> <u>Other</u>

**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.*

_____ <small>Signature of Agency Head or Designee</small>	Richard Crabtree <small>Print Name</small>	City Manager / Attorney <small>Title</small>	12-19-2018 <small>(Month, Day, Year)</small>
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Comment: \_\_\_\_\_