

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name			California Form 806 For Official Use Only
Division, Department, or Region <i>(If Applicable)</i>			Date Posted: <i>(Month, Day, Year)</i>
Designated Agency Contact <i>(Name, Title)</i>			
Area Code/Phone Number	E-mail	Page _____ of _____	

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ _____ <i>Appt Date</i> ▶ _____ <i>Length of Term</i>	▶ Per Meeting: \$ _____ ▶ Estimated Annual: \$0-\$1,000 \$2,001-\$3,000 \$1,001-\$2,000 _____ <i>Other</i>
	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ _____ <i>Appt Date</i> ▶ _____ <i>Length of Term</i>	▶ Per Meeting: \$ _____ ▶ Estimated Annual: \$0-\$1,000 \$2,001-\$3,000 \$1,001-\$2,000 _____ <i>Other</i>
	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ _____ <i>Appt Date</i> ▶ _____ <i>Length of Term</i>	▶ Per Meeting: \$ _____ ▶ Estimated Annual: \$0-\$1,000 \$2,001-\$3,000 \$1,001-\$2,000 _____ <i>Other</i>
	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ _____ <i>Appt Date</i> ▶ _____ <i>Length of Term</i>	▶ Per Meeting: \$ _____ ▶ Estimated Annual: \$0-\$1,000 \$2,001-\$3,000 \$1,001-\$2,000 _____ <i>Other</i>

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.

Janina Douek _____
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____