

**Agency Report of:
Public Official Appointments**

A Public Document

| | | | |
|---|---------------------------------------|--|--|
| 1. Agency Name | | California Form 806 <small>For Official Use Only</small> | |
| County of Inyo | | | |
| Division, Department, or Region <i>(If Applicable)</i> | | | |
| Inyo County Board of Supervisors | | | |
| Designated Agency Contact <i>(Name, Title)</i> | | Date Posted: <small>(Month, Day, Year)</small> | |
| Darcy Ellis, Assistant Clerk of the Board of Supervisors | | | |
| Area Code/Phone Number (760) 878-0373 | E-mail dellis@inyocounty.us | 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 |
|--|---|---|---|
| Great Basin Unified Air Pollution Control District Board | ▶ Name <u>Kingsley, Matt</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small> | ▶ <u>01 / 17 / 17</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> </u> <small>Other</small> |
| Great Basin Unified Air Pollution Control District Board | ▶ Name <u>Totheroh, Dan</u> <small>(Last, First)</small> Alternate, if any <u>Griffiths, Jeff</u> <small>(Last, First)</small> | ▶ <u>01 / 17 / 17</u> <small>Appt Date</small> ▶ <u>1 year</u> <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> </u> <small>Other</small> |
| Local Agency Formation Commission | ▶ Name <u>Pucci, Rick</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small> | ▶ <u>01 / 17 / 17</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"/> <u> </u> <small>Other</small> |
| Local Agency Formation Commission | ▶ Name <u>Griffiths, Jeff</u> <small>(Last, First)</small> Alternate, if any <u>Tillemans, Mark</u> <small>(Last, First)</small> | ▶ <u>01 / 17 / 17</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"/> <u> </u> <small>Other</small> |

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> | <u>Darcy K. Ellis</u> <small>Print Name</small> | <u>Assistant Clerk of the Board</u> <small>Title</small> | <u>01/31/17</u> <small>(Month, Day, Year)</small> |
|--|--|---|--|

Comment: _____