## Agency Report of: Public Official Appointments 1. Agency Name

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١.	Agency Name				California Form 806	
	Division, Department, or Reg	ion (If Applicable)				For Official Use Only
	Designated Agency Contact	(Name Title)				
	Dooignated Agoney Contact	(realite, rate)				
	Area Code/Phone Number	E-mail				Date Posted:
				Page of		(Month, Day, Year)
2.	Appointments					, , , , ,
	Agency Boards and	Name of Appointed Person	Appt Date and Length of Term		Per Meeting/Annual Salary/Stipend	
	Commissions			Length of Term		
				, ,	▶ Per Me	eeting: \$
		Name(Last, First)	-  $-$	Appt Date  Length of Term	N Fatima	to d Americal
					\$0-\$1	,000 \$2,001-\$3,000
		Alternate, if any	-   • —			11-\$2,000
					<b></b> \$1,00	Other
		Name(Last, First)	Appt Date		▶ Per Me	eeting: \$
		(Last, First)			▶ Estima	ted Annual:
		Alternate, if any			\$0-\$1	,000 \$2,001-\$3,000
		(Last, Fil'St)		Length of Term	\$1,00	11-\$2,000
						Other
		▶Name(Last, First)	-	Appt Date	▶ Per Me	eeting: \$
					▶ Estima	ted Annual:
		Alternate, if any	<b> </b>	Length of Term	\$0-\$1	,000 \$2,001-\$3,000
					\$1,00	11-\$2,000
		Nama		1 1	▶ Per Me	eeting: \$
		Name(Last, First)		Appt Date	▶ Fstima	ted Annual:
		Alternate, if any			\$0-\$1	
		(Last, First)	-	Length of Term		11-\$2,000
					<b></b> ,00	Other
3.	Verification		ı			
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 informatio						
	Signature of Agency Head or Designation	ee Print Name		Title		(Month, Day, Year)
	Comment:					