

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name CITY OF RIO VISTA			California Form 806 For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) ANNA OLEA-MOGER, CITY CLERK			
Area Code/Phone Number 707-374-6567	E-mail aoleamoger@ci.rio-vista.ca.us	Page <u>1</u> of <u>1</u>	Date Posted: January 6, 2017 <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
SOLANO COUNTY WATER AGENCY BOARD	▶ Name <u>RICHARDSON, NORMAN</u> <small>(Last, First)</small> Alternate, if any <u>KOTT, RONALD</u> <small>(Last, First)</small>	▶ <u>12 / 20 / 16</u> <small>Appt Date</small> ▶ <u>4 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</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"/> Other
SOLANO COUNTY TRANSPORTATION AUTHORITY BOARD	▶ Name <u>RICHARDSON, NORMAN</u> <small>(Last, First)</small> Alternate, if any <u>KOTT, RONALD</u> <small>(Last, First)</small>	▶ <u>12 / 20 / 16</u> <small>Appt Date</small> ▶ <u>4 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</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"/> Other
YOLO-SOLANO AIR QUALITY MANAGEMENT DISTRICT BOARD	▶ Name <u>BOULWARE, CONSTANCE</u> <small>(Last, First)</small> Alternate, if any <u>NORMAN RICHARDSON</u> <small>(Last, First)</small>	▶ <u>12 / 20 / 16</u> <small>Appt Date</small> ▶ <u>4 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ ▶ 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"/> Other
SOLANO COUNTY MOSQUITO ABATEMENT DISTRICT BOARD	▶ Name <u>McPHERSON, JAMES</u> <small>(Last, First)</small> Alternate, if any <u>NONE</u> <small>(Last, First)</small>	▶ <u>05 / 05 / 15</u> <small>Appt Date</small> ▶ _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</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"/> Other

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.


Signature of Agency Head or Designee

ANNA OLEA-MOGER
Print Name

CITY CLERK
Title

JAN. 05, 2017
(Month, Day, Year)

Comment: _____