

**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) JOSE JASSO, CITY CLERK			
Area Code/Phone Number 707-374-6567	E-mail JJASSO@CI.RIO-VISTA.CA.US	Page <u>1</u> of <u>1</u>	Date Posted: January 19, 2018 <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	▶ Name <u>RON KOTT</u> <small>(Last, First)</small> Alternate, if any <u>CONSTANCE BOULWARE</u> <small>(Last, First)</small>	▶ <u>11 / 07 / 17</u> <small>Appt Date</small> ▶ <u>3 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 MOSQUITO ABATEMENT DISTRICT BOARD	▶ Name <u>JAMES MCPHERSON</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
SOLANO COUNTY TRANSPORTATION AUTHORITY BOARD	▶ Name <u>RON KOTT</u> <small>(Last, First)</small> Alternate, if any <u>CONSTANCE BOULWARE</u> <small>(Last, First)</small>	▶ <u>11 / 07 / 17</u> <small>Appt Date</small> ▶ <u>3 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>CONSTANCE BOULWARE</u> <small>(Last, First)</small> Alternate, if any <u>RON KOTT</u> <small>(Last, First)</small>	▶ <u>11 / 18 / 14</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

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	Jose Jasso Print Name	City Clerk Title	01/19/2018 (Month, Day, Year)
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Comment: _____