

**Agency Report of:
Public Official Appointments**

A Public Document

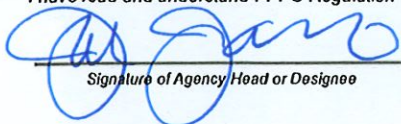
1. Agency Name CITY OF RIO VISTA Division, Department, or Region (If Applicable)		California Form 806 For Official Use Only
Designated Agency Contact (Name, Title) JOSE JASSO, ASSISTANT CITY MANAGER/CITY CLERK		
Area Code/Phone Number 707-374-6567	E-mail JJASSO@CI.RIO-VISTA.CA.US	
Page 1 of 1		Date Posted: 1/21/2021 <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>KOTT, RON</u> <small>(Last, First)</small> Alternate, if any <u>HAMPTON, DAVE</u> <small>(Last, First)</small>	▶ <u>12 / 15 / 20</u> <small>Appt Date</small> ▶ <u>1 YEAR</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"/> <u>Other</u>
SOLANO COUNTY MOSQUITO ABATEMENT DISTRICT	▶ Name <u>STEVENSON, RONALD</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 15 / 20</u> <small>Appt Date</small> ▶ <u>1 YEAR</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"/> <u>Other</u>
SOLANO COUNTY TRANSPORTATION AUTHORITY BOARD	▶ Name <u>KOTT, RON</u> <small>(Last, First)</small> Alternate, if any <u>HAMPTON, DAVE</u> <small>(Last, First)</small>	▶ <u>12 / 15 / 20</u> <small>Appt Date</small> ▶ <u>1 YEAR</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 type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u>
YOLO-SOLANO AIR QUALITY MANAGEMENT DISTRICT BOARD	▶ Name <u>KOTT, RON</u> <small>(Last, First)</small> Alternate, if any <u>HAMPTON, DAVE</u> <small>(Last, First)</small>	▶ <u>12 / 15 / 20</u> <small>Appt Date</small> ▶ <u>1 YEAR</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"/> <u>Other</u>

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

Assistant City Mgr/City Clerk
Title

1-21-2021
(Month, Day, Year)

Comment: _____