Agency Report of:
Public Official Appointments

A Public Document

California Form 806
For Official Use Only

1. Agency Name

City of Lakeport

Division, Department, or Region *(If Applicable)*

Designated Agency Contact *(Name, Title)*

Janel M. Chapman, City Clerk

Area Code/Phone Number	E-mail
707-263-5615, Ext. 12	jchapman@cityoflakeport.com

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Date Posted: 01/13/2015 *(Month, Day, Year)*

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Local Agency Formation Commission	Name: Mattina, Stacey *(Last, First)* Alternate, if any: Scheel, Martin *(Last, First)*	01 / 06 / 15 *Appt Date* 1 year *Length of Term*	*Per Meeting:* $ 60.00 *Estimated Annual:* ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ *Other*
Lake County/City Area Planning Council	Name: Scheel, Martin *(Last, First)* Alternate, if any: Spillman, Marc *(Last, First)*	01 / 06 / 15 *Appt Date* 1 year *Length of Term*	*Per Meeting:* $ 50.00 *Estimated Annual:* ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ *Other*
Lake County/City Area Planning Council	Name: Mattina, Stacey *(Last, First)* Alternate, if any: _____ *(Last, First)*	01 / 06 / 15 *Appt Date* 1 year *Length of Term*	*Per Meeting:* $ 50.00 *Estimated Annual:* ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ *Other*
	Name: _____ *(Last, First)* Alternate, if any: _____ *(Last, First)*	___ / ___ / ___ *Appt Date* _____ *Length of Term*	*Per Meeting:* $ _____ *Estimated Annual:* ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ *Other*

3. Verification

I have read and understand FPPC Regulation 18705.5. I have verified that the appointment and information identified above is true to the best of my information and belief.

Janel M. Chapman	Janel M. Chapman	City Clerk	01/12/2015
Signature of Agency Head or Designee	*Print Name*	*Title*	*(Month, Day, Year)*

Comment: _____