Agency Report of:
Public Official Appointments

A Public Document

California Form 806
For Official Use Only

1. Agency Name

CITY OF ANGELS

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

CITY COUNCIL

Designated Agency Contact *(Name, Title)*

MARY KELLY, CITY CLERK

Area Code/Phone Number	E-mail
209-736-2181	marykelly@angelscamp.gov

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Date Posted: 2/12/2016 *(Month, Day, Year)*

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
LAFCO	Name: SOBON, BERT *(Last, First)* Alternate, if any: BEHIEL, SCOTT *(Last, First)*	1 / 19 / 16 *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*
LAFCO	Name: FOLENDORF, AMANDA *(Last, First)* Alternate, if any: BEHIEL, SCOTT *(Last, First)*	1 / 19 / 16 *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*
CCOG	Name: FOLENDORF, AMANDA *(Last, First)* Alternate, if any: SOBON OR MORRIS *(Last, First)*	1 / 19 / 16 *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*
CCOG	Name: KULM, WES *(Last, First)* Alternate, if any: SOBON OR MORRIS *(Last, First)*	1 / 19 / 16 *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*

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.

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Mary Kelly	MARY KELLY	CITY CLERK	02/12/2016

Comment: _____