

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name City of Angels			California Form 806 For Official Use Only
Division, Department, or Region (If Applicable) City Council			
Designated Agency Contact (Name, Title) Rose Beristianos, City Clerk			
Area Code/Phone Number 209-736-2181	E-mail roseberistianos@angelscamp.gov	Page 1 of 1	Date Posted: 08/01/2021 <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
Calaveras Council of Governments (CCOG)	▶ Name <u>Alvin Broglio</u> <small>(Last, First)</small> Alternate, if any <u>Caroline Schirato</u> <small>(Last, First)</small>	▶ <u>01 / 19 / 21</u> <small>Appt Date</small> ▶ <u>2 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u> </u> <small>Other</small>
Local Area Formation Council (LAFCO)	▶ Name <u>Jennifer Herndon</u> <small>(Last, First)</small> Alternate, if any <u>Alvin Broglio</u> <small>(Last, First)</small>	▶ <u>01 / 19 / 21</u> <small>Appt Date</small> ▶ <u>2 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u> </u> <small>Other</small>
Calaveras Council of Governments (CCOG)	▶ Name <u>Isabel Moncada</u> <small>(Last, First)</small> Alternate, if any <u>Caroline Schirato</u> <small>(Last, First)</small>	▶ <u>01 / 19 / 21</u> <small>Appt Date</small> ▶ <u>2 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u> </u> <small>Other</small>
Local Area Formation Council (LAFCO)	▶ Name <u>Isabel Moncada</u> <small>(Last, First)</small> Alternate, if any <u>Alvin Broglio</u> <small>(Last, First)</small>	▶ <u>01 / 19 / 21</u> <small>Appt Date</small> ▶ <u>2 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u> </u> <small>Other</small>

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.

	Rose Beristianos	City Clerk	08/01/2021
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

Print
Clear