

**Agency Report of:  
Public Official Appointments**

**A Public Document**

<b>1. Agency Name</b> CITY OF OROVILLE		<b>California Form 806</b> <small>For Official Use Only</small>	
Division, Department, or Region (If Applicable) CITY COUNCIL			
Designated Agency Contact (Name, Title) JAMIE HAYES, ASSISTANT CITY CLERK			
Area Code/Phone Number (530) 538.2535	E-mail CITYCLERK@CITYOFOROVILLE.ORG	Page <u>1</u> of <u>1</u>	Date Posted: <u>03.24.2015</u> <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
SEWERAGE COMMISSION - OROVILLE REGION (SC-OR)	▶ Name <u>LINDA L. DAHLMEIER</u> <small>(Last, First)</small>	▶ <u>03 / 17 / 15</u> <small>Appt Date</small>	▶ Per Meeting: \$ <u>300.00</u>
	Alternate, if any <u>SIMPSON, ALLEN "JR"</u> <small>(Last, First)</small>	▶ <u>12.31.2016</u> <small>Length of Term</small>	▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>\$3,600</u> <small>Other</small>
	▶ Name _____ <small>(Last, First)</small>	▶ _____ <small>Appt Date</small>	▶ Per Meeting: \$ _____
	Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Length of Term</small>	▶ 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"/> _____ <small>Other</small>
	▶ Name _____ <small>(Last, First)</small>	▶ _____ <small>Appt Date</small>	▶ Per Meeting: \$ _____
	Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Length of Term</small>	▶ 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"/> _____ <small>Other</small>
	▶ Name _____ <small>(Last, First)</small>	▶ _____ <small>Appt Date</small>	▶ Per Meeting: \$ _____
	Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Length of Term</small>	▶ 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"/> _____ <small>Other</small>

**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

Jamie Hayes  
Print Name

Assistant City Clerk  
Title

03.23.2015  
(Month, Day, Year)

Comment: \_\_\_\_\_