

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name Stanislaus County		California Form 806	For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Elizabeth King, Clerk of the Board			
Area Code/Phone Number 209-525-4494	E-mail kingl@stancounty.com	Page <u>1</u> of <u>1</u>	Date Posted: <u>02/07/2020</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
Local Agency Formation Commission (LAFCO) *Declines stipend	▶ Name <u>*DeMartini, Jim / Withrow, Terry</u> <small>(Last, First)</small> Alternate, if any <u>Chiesa, Vito</u> <small>(Last, First)</small>	▶ <u>01 / 07 / 20</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>75.00</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>Other</u>
Stanislaus County Employee Retirement Association (StanCERA)	▶ Name <u>DeMartini, Jim</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 07 / 20</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u>
San Joaquin Valley Air Pollution Control District	▶ Name <u>Olsen, Kristin</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 07 / 20</u> <small>Appt Date</small> ▶ _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>monthly</u> ▶ 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>\$200.00</u> <small>Other</small>
Chairman of the Stanislaus County Board of Supervisors	▶ Name <u>Olsen, Kristin</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 07 / 20</u> <small>Appt Date</small> ▶ _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>annually</u> ▶ 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>\$11,065</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.


Signature of Agency Head or Designee

Elizabeth King
Print Name

Clerk of the Board
Title

02/07/2020
(Month, Day, Year)

Comment: _____