

# Agency Report of: Public Official Appointments

A Public Document

## 1. Agency Name

Eden Township Healthcare District, dba Eden Health District

Division, Department, or Region (If Applicable)

Designated Agency Contact (Name, Title)

Barbara Adranly, District Clerk

Area Code/Phone Number

510-538-2031

E-mail

badranly@ethd.org

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California  
Form 806

For Official Use Only

Date Posted:

April 17, 2020

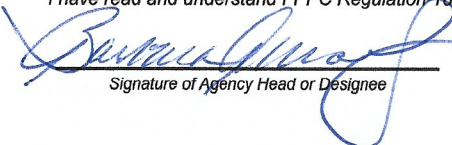
(Month, Day, Year)

## 2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Eden Health District Community Health Advisory Committee	<p>▶ Name <u>Mariellen Faria</u> (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>▶ <u>01 / 27 / 20</u> Appt Date</p> <p>▶ <u>2 Years</u> Length of Term</p>	<p>▶ Per Meeting: \$ <u>100.00</u></p> <p>▶ Estimated Annual:</p> <p><input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other _____</p>
Eden Health District Community Health Advisory Committee	<p>▶ Name <u>Roxann Lewis</u> (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>▶ <u>1 / 1 / 19</u> Appt Date</p> <p>▶ <u>2 Years</u> Length of Term</p>	<p>▶ Per Meeting: \$ <u>100.00</u></p> <p>▶ Estimated Annual:</p> <p><input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other _____</p>
	<p>▶ Name _____ (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>▶ _____ Appt Date</p> <p>▶ _____ Length of Term</p>	<p>▶ Per Meeting: \$ _____</p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other _____</p>
	<p>▶ Name _____ (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>▶ _____ Appt Date</p> <p>▶ _____ Length of Term</p>	<p>▶ Per Meeting: \$ _____</p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other _____</p>

## 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

Barbara Adranly

Print Name

District Clerk

Title

04/17/2020

(Month, Day, Year)

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