

Agency Report of: Public Official Appointments

A Public Document

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|--|-----------------------------|---|
| 1. Agency Name Eden Township Healthcare District, dba Eden Health District | | California Form 806 For Official Use Only |
| 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 | Page <u>1</u> of <u>1</u> Date Posted: <u>5/31/19</u> (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 | ▶ Name <u>Megan Lynch</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small> | ▶ <u>1 / 1 / 19</u> <small>Appt Date</small> ▶ <u>2 Years</u> <small>Length of Term</small> | ▶ Per Meeting: \$ <u>100.00</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"/> Other _____ |
| Eden Health District Community Health Advisory Committee | ▶ Name <u>Roxann Lewis</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small> | ▶ <u>1 / 1 / 19</u> <small>Appt Date</small> ▶ <u>2 Years</u> <small>Length of Term</small> | ▶ Per Meeting: \$ <u>100.00</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"/> Other _____ |
| | ▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small> | ▶ <u> / / </u> <small>Appt Date</small> ▶ _____ <small>Length of Term</small> | ▶ Per Meeting: \$ _____ ▶ 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"/> Other _____ |
| | ▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small> | ▶ <u> / / </u> <small>Appt Date</small> ▶ _____ <small>Length of Term</small> | ▶ Per Meeting: \$ _____ ▶ 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"/> Other _____ |

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.

| | | | |
|---|---------------------------|----------------------|-----------------------------------|
| _____ | Barbara Adranly | District Clerk | 5/31/19 |
| <small>Signature of Agency Head or Designee</small> | <small>Print Name</small> | <small>Title</small> | <small>(Month, Day, Year)</small> |

Comment: _____