Agency Report of: Public Official Appointments

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Area Code/Phone Nu 510-538-2031 2. Appointments Agency Boards ar Commissions Eden Health District Community Health Advisory Committee Eden Health District Community Health Advisory Committee Eden Health District Community Health Advisory Committee 3. Verification	cy Contact (N	ame,Title)					
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Eden Health District Community Health Advisory Committee Eden Health District Community Health Advisory Committee Advisory Committee 3. Verification		de de la companya de la composition de la companya					
Eden Health Distric Community Health Advisory Committe		Name of Appointed Person		Appt Date and Length of Term	Per Me	eeting/Annual Salary/Stipend	
Community Health Advisory Committe	alth	Megan Lynch (Last, First) Alternate, if any (Last, First)	_	1 / 1 / 19 Appt Date 2 Years Length of Term	▶ Per Meeting: \$ 100.00 ▶ Estimated Annual: \$ \$0-\$1,000 \$2,001-\$3,000 □ \$1,001-\$2,000 □ Other		
3. Verification I have read and understand	alth	Roxann Lewis (Last, First) Alternate, if any	_ • _	1 / 1 / 19 Appt Date 2 Years Length of Term	▶ Per Meeting: \$ 100.00 ▶ Estimated Annual: \$ \$0-\$1,000 \$2,001-\$3,000 \$ \$1,001-\$2,000 \$ Other		
		Name(Last, First) Alternate, if any(Last, First)	_	Appt Date Length of Term	▶ Estima □ \$0-\$	nted Annual: 1,000	
		Name(Last, First) Alternate, if any(Last, First)	_	/ / Appt Date Length of Term	▶ Estima □ \$0-\$	eveting: \$	
	tand FPPC Regula	tion 18702.5. I have verified that the appointment and Barbara Adranly	information	n identified above is tru		st of my information and belief.	
Signature of Agency Hea	cy Head or Designee	Print Name		Title		(Month, Day, Year)	