

**Agency Report of:
Public Official Appointments**

A Public Document

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|---|--|--|---|
| 1. Agency Name | | California Form 806 <small>For Official Use Only</small> | |
| Eden Township Healthcare District, dba Eden Health District <i>Division, Department, or Region (If Applicable)</i> | | | |
| Designated Agency Contact <i>(Name, Title)</i> 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>05/17/2022</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 |
|---|--|--|---|
| Eden Health District Community Advisory Committee | ▶ Name <u>Mariellen Faria</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small> | ▶ <u>1 / 1 / 21</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"/> _____ <small>Other</small> |
| Eden Health District Community Advisory Committee | ▶ Name <u>Roxann Lewis</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small> | ▶ <u>1 / 1 / 21</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"/> _____ <small>Other</small> |
| | ▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small> | ▶ _____ <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"/> _____ <small>Other</small> |
| | ▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small> | ▶ _____ <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"/> _____ <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.

Barbara Adranly
Signature of Agency Head or Designee

Barbara Adranly
Print Name

District Clerk
Title

05/17/22
(Month, Day, Year)

Comment: _____

Print **Clear**