

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name		California Form 806 <small>For Official Use Only</small>	
County of Inyo			
Division, Department, or Region (If Applicable) Inyo County Board of Supervisors			
Designated Agency Contact (Name, Title) Darcy Ellis, Assistant Clerk of the Board of Supervisors		Date Posted: January 2, 2018 <small>(Month, Day, Year)</small>	Page <u>1</u> of <u>1</u>
Area Code/Phone Number (760) 878-0373	E-mail dellis@inyocounty.us		

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Great Basin Unified Air Pollution Control District Board of Directors	▶ Name <u>Kingsley, Matt</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 02 / 18</u> <small>Appt Date</small> <u>1 year</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"/> <u>Other</u>
Great Basin Unified Air Pollution Control District Board of Directors	▶ Name <u>Totheroh, Dan</u> <small>(Last, First)</small> Alternate, if any <u>Griffiths, Jeff</u> <small>(Last, First)</small>	▶ <u>01 / 02 / 18</u> <small>Appt Date</small> <u>1 year</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"/> <u>Other</u>
Local Agency Formation Commission	▶ Name <u>Pucci, Rick</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 02 / 18</u> <small>Appt Date</small> <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</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>
Local Agency Formation Commission	▶ Name <u>Griffiths, Jeff</u> <small>(Last, First)</small> Alternate, if any <u>Totheroh, Dan</u> <small>(Last, First)</small>	▶ <u>01 / 02 / 18</u> <small>Appt Date</small> <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</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>

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.

 <small>Signature of Agency Head or Designee</small>	<u>Darcy K. Ellis</u> <small>Print Name</small>	<u>Assistant Clerk of the Board</u> <small>Title</small>	<u>01/02/18</u> <small>(Month, Day, Year)</small>
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Comment: _____