

**Agency Report of:
Public Official Appointments**

A Public Document

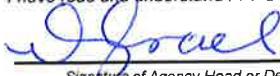
1. Agency Name		California Form 806	
Inyo County		For Official Use Only	
Division, Department, or Region (If Applicable)			
Board of Supervisors			
Designated Agency Contact (Name, Title)			
Darcy Israel, Assistant Clerk of the Board		Date Posted:	
Area Code/Phone Number	E-mail	Page <u>1</u> of <u>2</u>	01/06/2026
760-878-0373	disrael@inyocounty.us	(Month, Day, Year)	

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Eastern Sierra Transit Authority	► Name <u>Jeff Griffiths</u> <small>(Last, First)</small>	► <u>Appt Date</u> 1 year <small>Length of Term</small>	► Per Meeting: \$ <u>50</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>
Eastern Sierra Transit Authority	► Name <u>Trina Orrill</u> <small>(Last, First)</small>	► <u>Appt Date</u> 1 year <small>Length of Term</small>	► Per Meeting: \$ <u>50</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>Scott Marcellin</u> <small>(Last, First)</small>	► <u>Appt Date</u> 1 year <small>Length of Term</small>	► Per Meeting: \$ <u>50</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>Jeff Griffiths</u> <small>(Last, First)</small>	► <u>Appt Date</u> 1 year <small>Length of Term</small>	► Per Meeting: \$ <u>50</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.


Signature of Agency Head or Designee

Darcy Israel
Print Name

Asst. Clerk of the Board 01/06/2026
Title (Month, Day, Year)

Comment: _____

Print

Clear

FPPC Form 806 (1/18)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Agency Report of:
Public Official Appointments
Continuation Sheet**

California Form **806**
A Public Document

Page 2 of 2

1. Agency Name

Inyo County

Date Posted: 01/06/2020

(Month, Day, Year)

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Local Agency Formation Commission	► Name <u>Scott Marcellin</u> <small>(Last, First)</small> Alternate, if any _____	► Appl Date 1 year <small>Length of Term</small>	► Per Meeting: \$ <u>50</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>
Great Basin Unified Air Pollution Control District	► Name <u>Jennifer Roeser</u> <small>(Last, First)</small> Alternate, if any _____	► Appl Date 1 year <small>Length of Term</small>	► Per Meeting: \$ <u>100</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>
Great Basin Unified Air Pollution Control District	► Name <u>Will Wadelton</u> <small>(Last, First)</small> Alternate, if any _____	► Appl Date 1 year <small>Length of Term</small>	► Per Meeting: \$ <u>100</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>
Great Basin Unified Air Pollution Control District	► Name <u>Scott Marcellin</u> <small>(Last, First)</small> Alternate, if any _____	► Appl Date 1 year <small>Length of Term</small>	► Per Meeting: \$ <u>100</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 _____	► Appl Date <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 _____	► Appl Date <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>