

**Agency Report of:  
Public Official Appointments**

**A Public Document**

<b>1. Agency Name</b> City of Vacaville		<b>California Form 806</b>	For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) Michelle Thornbrugh, City Clerk			
Area Code/Phone Number 707-449-5110	E-mail cityclerk@cityofvacaville.com	Page <u>1</u> of <u>1</u>	Date Posted: March 14, 2016 <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
Solano Transportation Authority	▶ Name <u>Augustine, Len</u> <small>(Last, First)</small>  Alternate, if any <u>Rowlett, Ron</u> <small>(Last, First)</small>	▶ <u>01 / 26 / 16</u> <small>Appt Date</small>  <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</u>  ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
Solano County Water Agency	▶ Name <u>Augustine, Len</u> <small>(Last, First)</small>  Alternate, if any <u>Rowlett, Ron</u> <small>(Last, First)</small>	▶ <u>01 / 26 / 16</u> <small>Appt Date</small>  <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</u>  ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
Yolo Solano Air Quality Management Board	▶ Name <u>Harris, Dilenna</u> <small>(Last, First)</small>  Alternate, if any <u>Hunt, Curtis</u> <small>(Last, First)</small>	▶ <u>01 / 26 / 16</u> <small>Appt Date</small>  <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</u>  ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
	▶ 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"/> Other

**3. Verification**

*I have read and understand FPPC Regulation 18705.5. 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>	Laura Kuhn _____ <small>Print Name</small>	City Manager _____ <small>Title</small>	March 14, 2016 _____ <small>(Month, Day, Year)</small>
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Comment: \_\_\_\_\_