

**Agency Report of:  
Public Official Appointments**

**A Public Document**


<b>1. Agency Name</b> Stanislaus County			<b>California Form 806</b> For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			Date Posted: <u>1/18/2017</u> <small>(Month, Day, Year)</small>
Designated Agency Contact (Name, Title) Elizabeth King, Clerk of the Board			
Area Code/Phone Number 209-525-4494	E-mail kingl@stancounty.com	Page <u>1</u> of <u>1</u>	

**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 (LAFCO) *Declines stipend	▶ Name <u>*DeMartini, Jim / Withrow, Terry</u> <small>(Last, First)</small>  Alternate, if any <u>Olsen, Kristin</u> <small>(Last, First)</small>	▶ <u>01 / 10 / 17</u> <small>Appt Date</small>  ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>75.00</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"/> Other
Stanislaus County Employees Retirement Association (StanCERA)	▶ Name <u>DeMartini, Jim</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 10 / 17</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 checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
San Joaquin Valley Air Pollution Control District	▶ Name <u>Olsen, Kristin</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 10 / 17</u> <small>Appt Date</small>  ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>monthly</u>  ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>\$200.00</u> <small>Other</small>
Chairman of the Stanislaus County Board of Supervisors	▶ Name <u>Chiesa, Vito</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 10 / 17</u> <small>Appt Date</small>  ▶ _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>annually</u>  ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>\$9226.20</u> <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.*

	Patricia Hill Thomas	Chief Operations Officer	01/13/2017
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_\_\_