

Agency Report of: Public Official Appointments

A Public Document


1. Agency Name		California Form 806 For Official Use Only
City of Suisun City		
Division, Department, or Region (If Applicable)		
City Council		
Designated Agency Contact (Name, Title)		Date Posted: 05/03/2021 (Month, Day, Year)
Anita Skinner, City Clerk		
Area Code/Phone Number	E-mail	
707 421-7300	clerk@suisun.com	Page 1 of 1

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Solano County Water Agency	▶ Name _____ (Last, First) Alternate, if any <u>Hernandez, Alma</u> (Last, First)	▶ 01 / 05 / 21 Appt Date ▶ _____ Length of Term	▶ Per Meeting: \$ 100 ▶ 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
Solano Transportation Authority	▶ Name _____ (Last, First) Alternate, if any <u>Williams, Wanda</u> (Last, First)	▶ 01 / 05 / 21 Appt Date ▶ _____ Length of Term	▶ Per Meeting: \$ 100 ▶ 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
	▶ Name _____ (Last, First) Alternate, if any _____ (Last, First)	▶ ____ / ____ / ____ Appt Date ▶ _____ Length of Term	▶ 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
	▶ Name _____ (Last, First) Alternate, if any _____ (Last, First)	▶ ____ / ____ / ____ Appt Date ▶ _____ Length of Term	▶ 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 18702.5. I have verified that the appointment and information identified above is true to the best of my information and belief.

	Greg Folsom	City Manager	05/03/2021
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment: _____			