

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name City of Tracy		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> California Form 806 <small>For Official Use Only</small> </div>	<div style="border: 1px solid black; padding: 5px;"> REC'D TRACY CITY CLERK 23 JAN 2024 PM5:58 </div>
Division, Department, or Region (If Applicable) City Clerk's Office			
Designated Agency Contact (Name, Title) Adrienne Richardson			
Area Code/Phone Number 209-831-6105	E-mail adrienne.richardson@cityoftracy.org	Page <u>1</u> of <u>1</u>	Date Posted: <u>01/23/2024</u> <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
Ava Community Energy Authority	▶ Name <u>Bedolla, Mateo</u> <small>(Last, First)</small> Alternate, if any <u>Arriola, Dan</u> <small>(Last, First)</small>	▶ <u>01 / 16 / 2024</u> <small>Appt Date</small> ▶ <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>123.55</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
San Joaquin Council of Governments	▶ Name <u>Young, Nancy</u> <small>(Last, First)</small> Alternate, if any <u>Bedolla, Mateo</u> <small>(Last, First)</small>	▶ <u>01 / 16 / 2024</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
	▶ 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 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>	Midori Lichtwardt <small>Print Name</small>	City Manager <small>Title</small>	01/23/2024 <small>(Month, Day, Year)</small>
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Comment: _____