

**Agency Report of:  
Public Official Appointments**

**A Public Document**

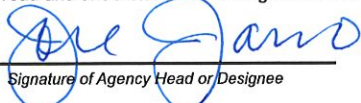
<b>1. Agency Name</b> CITY OF RIO VISTA		<b>California Form 806</b> <small>For Official Use Only</small>	
<b>Division, Department, or Region</b> (If Applicable)			
<b>Designated Agency Contact</b> (Name, Title) JOSE JASSO, ASSISTANT CITY MANAGER/CITY CLERK			
<b>Area Code/Phone Number</b> 707-374-6567	<b>E-mail</b> JJASSO@CI.RIO-VISTA.CA.US	Page <u>1</u> of <u>1</u>	<b>Date Posted:</b> <u>02-07-2019</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
SOLANO COUNTY WATER AGENCY	▶ Name <u>KOTT, RON</u> <small>(Last, First)</small>  Alternate, if any <u>ROOS, DON</u> <small>(Last, First)</small>	▶ <u>11 / 20 / 18</u> <small>Appt Date</small>  ▶ <u>3 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</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"/> <u>Other</u>
SOLANO COUNTY MOSQUITO ABATEMENT DISTRICT	▶ Name <u>MCPHERSON, JAMES</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>05 / 05 / 15</u> <small>Appt Date</small>  ▶ _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</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"/> <u>Other</u>
SOLANO COUNTY TRANSPORTATION AUTHORITY BOARD	▶ Name <u>KOTT, RON</u> <small>(Last, First)</small>  Alternate, if any <u>ROOS, DON</u> <small>(Last, First)</small>	▶ <u>11 / 20 / 18</u> <small>Appt Date</small>  ▶ <u>3 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</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"/> <u>Other</u>
YOLO-SOLANO AIR QUALITY MANAGEMENT DISTRICT BOARD	▶ Name <u>KOTT, RON</u> <small>(Last, First)</small>  Alternate, if any <u>MCCRACKEN, JIM</u> <small>(Last, First)</small>	▶ <u>11 / 20 / 18</u> <small>Appt Date</small>  ▶ <u>4 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</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"/> <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.*

 <small>Signature of Agency Head or Designee</small>	Jose Jasso <small>Print Name</small>	Assistant City Mgr/City Clerk <small>Title</small>	02/07/2019 <small>(Month, Day, Year)</small>
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Comment: \_\_\_\_\_