

**Agency Report of:
Public Official Appointments**

A Public Document

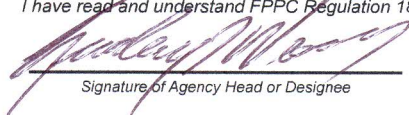
| | | | |
|---|-----------------------------------|---------------------------|--|
| 1. Agency Name Hesperia Recreation and Park District | | | California Form 806 For Official Use Only |
| Division, Department, or Region (If Applicable) | | | |
| Designated Agency Contact (Name, Title) Lindsay Woods, General Manager | | | |
| Area Code/Phone Number 760-244-5488 | E-mail admin@hesperiaparks.com | Page <u>1</u> of <u>3</u> | Date Posted: <u>01/10/14</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 |
|--|---|--|---|
| Hesperia Area Recreation District Foundation Committee | ▶ Name <u>Swanson, Rebekah</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small> | ▶ <u>01 / 08 / 14</u> <small>Appt Date</small> ▶ <u>December 2014</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"/> _____ <small>Other</small> |
| Hesperia Area Recreation District Foundation Committee | ▶ Name <u>Cowan, Andrew</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small> | ▶ <u>01 / 08 / 14</u> <small>Appt Date</small> ▶ <u>December 2014</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"/> _____ <small>Other</small> |
| Tri-Agency Committee | ▶ Name <u>Swanson, Rebekah</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small> | ▶ <u>01 / 08 / 14</u> <small>Appt Date</small> ▶ <u>December 2014</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"/> _____ <small>Other</small> |
| Tri-Agency Committee | ▶ Name <u>Chandler, Bob</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small> | ▶ <u>01 / 08 / 14</u> <small>Appt Date</small> ▶ <u>December 2014</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"/> _____ <small>Other</small> |

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.


Signature of Agency Head or Designee

Lindsay Woods
Print Name

General Manager
Title

01/10/14
(Month, Day, Year)

Comment: _____

