

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>2</u>	Date Posted: 12/11/14 <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>Chandler, Bob</u> <small>(Last, First)</small> Alternate, if any <u>Swanson, Rebekah</u> <small>(Last, First)</small>	▶ <u>12 / 10 / 14</u> <small>Appt Date</small> ▶ <u>December 2015</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"/> <u> </u> Other
Hesperia Area Recreation District Foundation Committee	▶ Name <u>Cowan, Andrew</u> <small>(Last, First)</small> Alternate, if any <u>Swanson, Rebekah</u> <small>(Last, First)</small>	▶ <u>12 / 10 / 14</u> <small>Appt Date</small> ▶ <u>December 2015</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"/> <u> </u> Other
Tri-Agency Committee	▶ Name <u>Hamilton, Jack</u> <small>(Last, First)</small> Alternate, if any <u>Chandler, Bob</u> <small>(Last, First)</small>	▶ <u>12 / 10 / 14</u> <small>Appt Date</small> ▶ <u>December 2015</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"/> <u> </u> Other
Tri-Agency Committee	▶ Name <u>Swanson, Rebekah</u> <small>(Last, First)</small> Alternate, if any <u>Chandler, Bob</u> <small>(Last, First)</small>	▶ <u>12 / 10 / 14</u> <small>Appt Date</small> ▶ <u>December 2015</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"/> <u> </u> Other

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

12/11/14
(Month, Day, Year)

Comment: _____

