

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name City of Folsom		California Form 806 For Official Use Only	
Division, Department, or Region (if Applicable)			
Designated Agency Contact (Name, Title) Christa Freemantle			
Area Code/Phone Number 916-461-6035	E-mail cfreemantle@folsom.ca.us	Page <u>1</u> of <u>2</u>	Date Posted: <u>12/28/2021</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
Sacramento Metropolitan Air Quality Management District (SMAQMD)	▶ Name <u>Aquino, Sarah</u> <small>(Last, First)</small> Alternate, if any <u>Chalamcherla, YK</u> <small>(Last, First)</small>	▶ <u>1 / 10 / 17</u> <small>Appt Date</small> ▶ <u>Indefinite</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>Other</u>
Sacramento Area Council of Governments (SACOG) / Safe Board of Directors	▶ Name <u>Kozlowski, Mike</u> <small>(Last, First)</small> Alternate, if any <u>Aquino, Sarah</u> <small>(Last, First)</small>	▶ <u>1 / 9 / 19</u> <small>Appt Date</small> ▶ <u>Indefinite</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u>
Sacramento Regional County Sanitation District	▶ Name <u>Howell, Kerri</u> <small>(Last, First)</small> Alternate, if any <u>Aquino, Sarah</u> <small>(Last, First)</small>	▶ <u>1 / 9 / 19</u> <small>Appt Date</small> ▶ <u>Indefinite</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 type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>3600.00</u> <small>Other</small>
Mayor	▶ Name <u>Howell, Kerri</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 14 / 21</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</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>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.

Christa Freemantle
Signature of Agency Head or Designee

Christa Freemantle
Print Name

City Clerk
Title

12/28/2021
(Month, Day, Year)

Comment: _____

**Agency Report of:
Public Official Appointments
Continuation Sheet**

1. Agency Name City of Folsom	Date Posted: <u>12/28/2021</u> <small>(Month, Day, Year)</small>
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Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Regional Transit District Board of Directors	▶ Name <u>Howell, Kerri</u> <small>(Last, First)</small> Alternate, if any <u>Kozlowski, Mike</u> <small>(Last, First)</small>	▶ <u>1 / 9 / 19</u> <small>Appt Date</small> ▶ <u>4 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
Sacramento Metropolitan Cable Television Commission	▶ Name <u>Chalamcherla, YK</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 27 / 21</u> <small>Appt Date</small> ▶ <u>Indefinite</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>120.00</u> ▶ 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 _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u> / /</u> <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>	▶ <u> / /</u> <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>	▶ <u> / /</u> <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>	▶ <u> / /</u> <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