

**Agency Report of:  
Public Official Appointments**

**A Public Document**

<b>1. Agency Name</b>			<b>Form 806 California</b>
County of Sonoma			For Official Use Only
Division, Department, or Region (If Applicable)  County Administrator's Office			
Designated Agency Contact (Name, Title)  Marcie Woychik, Chief Deputy Clerk of the Board			
Area Code/Phone Number 707-565-2241	E-mail	Page <u>2</u> of <u>4</u>	Date Posted: <u>3/13/24</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
Community Advisory Board of San Francisco Bay Water transit Authority	▶ Name <u>Rabbitt, David</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 23 / 24</u> <small>Appt Date</small>  ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</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"/> _____ <small>Other</small>
Eel Russian River Commission	▶ Name <u>Gore, James</u> <small>(Last, First)</small>  Alternate, if any <u>Hopkins, Lynda</u> <small>(Last, First)</small>	▶ <u>1 / 23 / 24</u> <small>Appt Date</small>  ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</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"/> _____ <small>Other</small>
North Bay North Coast Broadband Consortium Oversight Board	▶ Name <u>Coursey, Chris</u> <small>(Last, First)</small>  Alternate, if any <u>Hopkins, Lynda</u> <small>(Last, First)</small>	▶ <u>1 / 23 / 24</u> <small>Appt Date</small>  ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</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"/> _____ <small>Other</small>
North Bay Watershed Association	▶ Name <u>Gorin, Susan</u> <small>(Last, First)</small>  Alternate, if any <u>Rabbitt, David</u> <small>(Last, First)</small>	▶ <u>1 / 23 / 24</u> <small>Appt Date</small>  ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</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"/> _____ <small>Other</small>

**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>	Marcie Woychik <small>Print Name</small>	Chief Deputy Clerk of the Boar <small>Title</small>	3/13/24 <small>(Month, Day, Year)</small>
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Comment: \_\_\_\_\_