

**Agency Report of:  
Public Official Appointments**

**A Public Document**

<b>1. Agency Name</b>		<b>California Form 806</b> For Official Use Only	
County of Solano			
Division, Department, or Region (If Applicable)  City Selection Committee			
Designated Agency Contact (Name, Title)  Alicia Draves, Chief Deputy Clerk of the Board			
Area Code/Phone Number (707) 786-6125	E-mail amdaves@solanocounty.com	Page <u>1</u> of <u>2</u>	Date Posted: <u>1/27/25</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
Association of Bay Area Governments (ABAG)	▶ Name <u>Moy, Catherine</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>6 / 21 / 23</u> <small>Appt Date</small>  <u>2 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150</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
Association of Bay Area Governments (ABAG)	▶ Name _____ <small>(Last, First)</small>  Alternate, if any <u>Young, Steve</u> <small>(Last, First)</small>	▶ <u>1 / 15 / 25</u> <small>Appt Date</small>  <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150</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
ABAG Regional Planning Committee	▶ Name <u>Young, Steve</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 15 / 25</u> <small>Appt Date</small>  <u>No Expiration</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150</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
Bay Area Air Quality Management District (BAAQMD)	▶ Name <u>Young, Steve,</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 20 / 23</u> <small>Appt Date</small>  <u>4 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100 + Tolls</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

**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>	Bill Emlen _____ <small>Print Name</small>	County Administrator _____ <small>Title</small>	1/27/25 _____ <small>(Month, Day, Year)</small>
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Comment: \_\_\_\_\_

Print
Clear

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

<b>1. Agency Name</b> City Selection Committee	<b>Date Posted:</b> <u>1/27/25</u> <small>(Month, Day, Year)</small>
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**2. Appointments**

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Local Agency Formation Commission	▶ Name <u>Bird, Steve</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 1 / 22</u> <small>Appt Date</small>  ▶ <u>4 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150</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"/> <u>Other</u>
Local Agency Formation Commission	▶ Name <u>Carli, John</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 15 / 25</u> <small>Appt Date</small>  ▶ <u>1.5 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150</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"/> <u>Other</u>
Local Agency Formation Commission	▶ Name _____ <small>(Last, First)</small>  Alternate, if any <u>Hernandez, Alma</u> <small>(Last, First)</small>	▶ <u>3 / 15 / 23</u> <small>Appt Date</small>  ▶ <u>3 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150</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"/> <u>Other</u>
	▶ Name _____ <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <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"/> <u>Other</u>
	▶ Name _____ <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <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"/> <u>Other</u>
	▶ Name _____ <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <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"/> <u>Other</u>