

# Agency Report of: Public Official Appointments

A Public Document

<b>1. Agency Name</b> City of Tracy		<div> <div>California Form 806</div> <div>For Official Use Only</div> <div>JAN 16 2025 CITY CLERK TRACY CA</div> <div>Date Posted: _____ (Month, Day, Year)</div> </div>
<b>Division, Department, or Region (If Applicable)</b> City Clerk's Office		
<b>Designated Agency Contact (Name, Title)</b> Adrianne Richardson		
<b>Area Code/Phone Number</b> 209-831-6105	<b>E-mail</b> adrianne.richardson@cityoftracy.org	
Page 1 of 1		

## 2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Ava Community Energy Authority	▶ Name <u>Nygard, Dotty</u> <small>(Last, First)</small>  Alternate, if any <u>Bedolla, Mateo</u> <small>(Last, First)</small>	▶ <u>1/7/2025</u> <small>Appt Date</small>  ▶ <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>\$128.00</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"/> Other
San Joaquin Council of Governments	▶ Name <u>Arriola, Dan</u> <small>(Last, First)</small>  Alternate, if any <u>Nygard, Dotty</u> <small>(Last, First)</small>	▶ <u>1/7/2025</u> <small>Appt Date</small>  ▶ <u>1 Year</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"/> Other
	▶ 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"/> Other
	▶ 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"/> 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.

<u>Midori Lichtwardt</u>	<u>Midori Lichtwardt</u>	<u>City Manager</u>	<u>01/16/2025</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: \_\_\_\_\_

Print

Clear

FPPC Form 806 (1/18)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)