

**Agency Report of:  
Public Official Appointments**

**A Public Document**

<b>1. Agency Name</b> CITY OF BISHOP <hr/> Division, Department, or Region (If Applicable) CITY COUNCIL <hr/> Designated Agency Contact (Name, Title) Denise Gillespie, Assistant City Clerk <hr/> Area Code/Phone Number      E-mail 760-873-5863                      cityclerk@ca-bishop.us		<div style="border: 1px solid black; padding: 5px;">                     California Form <b>806</b>                      For Official Use Only                 </div> <hr/> Date Posted: 10/5/12 <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
Inyo County Local Agency Formation Commission	▶ Name <u>Cullen, Susan / Griffiths, Jeff</u> <small>(Last, First)</small>  Alternate, if any <u>Ellis, Jim</u> <small>(Last, First)</small>	▶ <u>3 / 14 / 11</u> <small>Appt Date</small>  ▶ <u>one year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50</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>	▶ <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"/> <u>Other</u>
	▶ 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"/> <u>Other</u>
	▶ 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"/> <u>Other</u>

**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	Denise Gillespie Print Name	Assistant City Clerk Title	10/5/12 (Month, Day, Year)
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Comment: \_\_\_\_\_