

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name Bear Valley Community Healthcare District		California Form 806 <small>For Official Use Only</small>	
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) John Friel, CEO			
Area Code/Phone Number 909 878 8214	E-mail john.friel@bvchd.com	Page <u>1</u> of <u>2</u>	Date Posted: <u>3/11/19</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
BVCHD Planning & Facilities Committee	▶ Name <u>Boss, Peter</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 12 / 18</u> <small>Appt Date</small> <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>105.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ <small>Other</small>
BVCHD Planning & Facilities Committee	▶ Name <u>Robbins, Rob</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 12 / 18</u> <small>Appt Date</small> <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>105.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ <small>Other</small>
BVCHD Finance Committee	▶ Name <u>Nicely, Donna</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 12 / 18</u> <small>Appt Date</small> <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>105.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ <small>Other</small>
BVCHD Finance Committee	▶ Name <u>Boss, Peter</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 12 / 18</u> <small>Appt Date</small> <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>105.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input 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.

	John Friel	CEO	03/12/19
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: _____

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

1. Agency Name Bear Valley Community Healthcare District	Date Posted: <u>3/11/19</u> <i>(Month, Day, Year)</i>
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Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
BVCHD Human Resource Committee	▶ Name <u>McCarthy, Gail</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>12 / 12 / 19</u> <i>Appt Date</i> ▶ <u>12 months</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>105.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ <i>Other</i>
BVCHD Human Resource Committee	▶ Name <u>Baker, Steve</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>01 / 30 / 19</u> <i>Appt Date</i> ▶ <u>12 months</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>105.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ <i>Other</i>
BVCHD Hospital Affiliation Committee	▶ Name <u>Nicely, Donna</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>12 / 12 / 18</u> <i>Appt Date</i> ▶ <u>12 months</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>105.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ <i>Other</i>
BVCHD Hospital Affiliation Committee	▶ Name <u>Boss, Peter</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>12 / 12 / 18</u> <i>Appt Date</i> ▶ _____ <i>Length of Term</i>	▶ Per Meeting: \$ <u>105.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ <i>Other</i>
	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ _____ <i>Appt Date</i> ▶ _____ <i>Length of Term</i>	▶ 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"/> _____ <i>Other</i>
	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ _____ <i>Appt Date</i> ▶ _____ <i>Length of Term</i>	▶ 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"/> _____ <i>Other</i>