

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name Bear Valley Community Healthcare District (BVCHD)		California Form 806 For Official Use Only	
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) John Friel, CEO			
Area Code/Phone Number 909 878 8214	E-mail shelly.egerer@bvchd.com	Page <u>1</u> of <u>2</u>	Date Posted: <u>03/07/18</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 and Facilities Committee	▶ Name <u>Roberts, Jack</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 13 / 17</u> <small>Appt Date</small> <u>12 Months</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"/> <u> </u> Other
BVCHD Planning and Facilities Committee	▶ Name <u>Rob Robbins</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 13 / 17</u> <small>Appt Date</small> <u>12 months</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"/> <u> </u> Other
BVCHD Finance Committee	▶ Name <u>Nicely, Donna</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 13 / 17</u> <small>Appt Date</small> <u>12 months</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"/> <u> </u> Other
BVCHD Finance Committee	▶ Name <u>Peter Boss, MD</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>02 / 14 / 18</u> <small>Appt Date</small> _____ <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"/> <u> </u> 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.

	Rob Robbins	President, Board of Director	03/06/18
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

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

1. Agency Name Bear Valley Community Healthcare District	Date Posted: <u>03/07/18</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
BVCHD Human Resource Committee	▶ Name <u>McCarthy, Gail</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 13 / 18</u> <small>Appt Date</small> ▶ <u>12 months</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"/> <u> </u> <small>Other</small>
BVCHD Human Resource Committee	▶ Name <u>Robbins, Rob</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 13 / 18</u> <small>Appt Date</small> ▶ <u>12 months</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"/> <u> </u> <small>Other</small>
BVCHD Hospital Affiliation Committee	▶ Name <u>Nicely, Donna</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 13 / 18</u> <small>Appt Date</small> ▶ <u>12 months</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"/> <u> </u> <small>Other</small>
BVCHD Hospital Affiliation Committee	▶ Name <u>Boss, Peter</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>02 / 14 / 18</u> <small>Appt Date</small> ▶ <u>12 months</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"/> <u> </u> <small>Other</small>
	▶ 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> </u> <small>Other</small>
	▶ 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> </u> <small>Other</small>