

**Agency Report of:
Public Official Appointments**

A Public Document

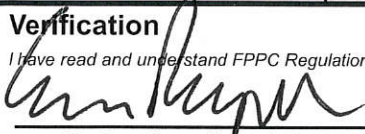
1. Agency Name Bear Valley Community Healthcare District		California Form 806	For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) Evan Rayner, CEO			
Area Code/Phone Number 909 878 8214	E-mail evan.rayner@bvchd.com	Page <u>1</u> of <u>2</u>	Date Posted: 4/12/2023 <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>01 / 11 / 23</u> <small>Appt Date</small> ▶ <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>127.63</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"/> Other
BVCHD Planning & Facilities Committee	▶ Name <u>Baker, Steven</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 11 / 23</u> <small>Appt Date</small> ▶ <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>127.63</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"/> Other
BVCHD Finance Committee	▶ Name <u>Baker, Steven</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 11 / 23</u> <small>Appt Date</small> ▶ <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>127.63</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"/> Other
BVCHD Finance Committee	▶ Name <u>Briner, John</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 11 / 23</u> <small>Appt Date</small> ▶ <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>127.63</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"/> 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.


 Evan Rayner
 CEO
 4/12/23
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

Print
Clear

Agency Report of:
Public Official Appointments
Continuation Sheet

1. Agency Name _____ **Date Posted:** _____
(Month, Day, Year)

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Human Resource Committe	▶ Name <u>Clarke, Ellen</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 11 / 23</u> <small>Appt Date</small> <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>127.63</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"/> <u> </u> <small>Other</small>
Human Resource Committe	▶ Name <u>Kaliher, Mark</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 11 / 23</u> <small>Appt Date</small> <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>127.63</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"/> <u> </u> <small>Other</small>
	▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u> / / </u> <small>Appt Date</small> <u> </u> <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> <u> </u> <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> <u> </u> <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> <u> </u> <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>