Agency Report of:

A Public Doc	ument
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Public Official Appoi	ntments			ΑI	Public Document		
1. Agency Name				1	California 806		
Bear Valley Community H	ealthcare District				Form OUO		
Division, Department, or Re	egion (If Applicable)				For Official Use Only		
Designated Agency Contac	** (Nama Title)		1		and the second		
				ı	Date Posted:		
Evan Rayner, CEO							
Area Code/Phone Number	E-mail		Page 1	of 2	4/12/2023		
909 878 8214	evan.rayner@bvchd.com		rage		(Month, Day, Year)		
. Appointments	Appointments						
Agency Boards and Commissions	Name of Appointed Person		Appt Date and Length of Term	Per Me	eeting/Annual Salary/Stipend		
BVCHD Planning &					107.62		
Facilties Committee	Name Boss, Peter	1.0	1 /11 /23	▶ Per Me	eeting: \$ 127.63		
	Name (Last. First)	— ' -	Appt Date				
		·	~// Allered - consider - x = 1.00%		nted Annual:		
	Alternate, if any(Last, First)	— <u>12</u>	2 months	\$0-\$	1,000 \$2,001-\$3,000		
	(Edd., 11sy		Length of Term	\$1,00	01-\$2,000		
	2				Other		
BVCHD Planning &					127 63		
Facilties Committee	Name Baker, Steven	1	/11 /23	▶ Per Me	eeting: \$ <u>127.63</u>		
	PName(Last. First)		Appt Date	N ⊏ations	nted Annual:		
	-	12	2 months	22:000			
	Alternate, if any(Last, First)	—— <u> </u>	Length of Term	\$0-\$	1,000 \$2,001-\$3,000		
				\$1,00	01-\$2,000 Other		
					» - • • •		
BVCHD Finance					107.60		
Committee	Name Baker, Steven (Last, First)	∗ <u>1</u>	_/ 11/23	▶ Per Me	eeting: \$		
	(Last, First)		Appt Date				
	Albumata is and	, 12	2 months		ted Annual:		
	Alternate, if any(Last, First)	'_	Length of Term	\$0-\$1	1,000 \$2,001-\$3,000		
				\$1,00	01-\$2,000		
					Other		
BVCHD Finance Committee	1				127.63		
Committee	Name Briner, John	<u>1</u>	<u>/</u> 11 /23	▶ Per Me	eeting: \$		
	(Last, First)		Appt Date	▶ Estima	ted Annual:		
	Alternate, if any	, 12	2 months	\$0-\$1			
i	(Last. First)	'	Length of Term		SECRETARIAN DE LA CONTRACTOR DE CONTRACTOR D		
				\$1,00	01-\$2,000		
- A							
Verification / /							
I Have read and understand FPPC Re	gulation 18702.5. I have verified that the appointment an	d information	-	ue to the bes	st of my information and belief.		
mon	- Evan Kayner		CED		4/10/23		
Signature of Agency Head or Desig	nee Print Name		Title		(Month, Day, Year)		
Comment:							

Agency Report of: Public Official Appointments Continuation Sheet



C	Page of									
1.	Agency Name		- A -	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 Resouce Committe	Name Clarke, Ellen (Last. First) Alternate, if any(Last. First)	D1 /11 /23 Appt Date → 12 months Length of Term	▶ Per Meeting: \$ 127.63 ▶ Estimated Annual: \$0-\$1,000 \$2,001-\$3,000 \$1,001-\$2,000 \$000 \$000 Other \$000 \$000						
	Human Resouce Committe	Name Kaliher, Mark (Last. First) Alternate, if any(Last. First)	1 /11 /23 Appt Date 12 months Length of Term	▶ Per Meeting: \$ 127.63 ▶ Estimated Annual: \$0-\$1,000 \$2,001-\$3,000 \$1,001-\$2,000 Other						
		Name(Last. First) Alternate, if any(Last. First)	Appl Date Length of Term	▶ Per Meeting: \$						
		Name(Last. First) Alternate, if any(Last. First)	Appt Date Length of Term	▶ Per Meeting: \$						
		▶Name(Last, First) Alternate, if any(Last, First)	Appt Date Length of Term	▶ Per Meeting: \$						
		Name(Last, First) Alternate, if any(Last, First)	Appt Date Length of Term	➤ Per Meeting: \$ ➤ Estimated Annual: □ \$0-\$1,000 □ \$2,001-\$3,000 □ \$1.001-\$2.000 □						