

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name

Big Bear Airport District

Division, Department, or Region (If Applicable)

Designated Agency Contact (Name, Title)

Diane Cartwright, Certified Board Secretary

Area Code/Phone Number

909 585-3219

E-mail

dcartwright@flybigbear.com

California Form 806

For Official Use Only

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Date Posted:

December 24, 2020

(Month, Day, Year)

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Board of Directors	<p>▶ Name <u>Richard W. Seifert</u> <small>(Last, First)</small></p> <p>Alternate, if any <u>Rick Seifert</u> <small>(Last, First)</small></p>	<p>▶ <u>12 / 9 / 20</u> <small>Appt Date</small></p> <p>▶ <u>4 years</u> <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>100.00</u></p> <p>▶ 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"/> Other</p>
Board of Directors	<p>▶ Name <u>Julia L Smith</u> <small>(Last, First)</small></p> <p>Alternate, if any <u>Julie Smith</u> <small>(Last, First)</small></p>	<p>▶ <u>12 / 9 / 20</u> <small>Appt Date</small></p> <p>▶ <u>4 years</u> <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>100.00</u></p> <p>▶ 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"/> Other</p>
Board of Directors	<p>▶ Name <u>Steven J. Castillo</u> <small>(Last, First)</small></p> <p>Alternate, if any <u>Steve Castillo</u> <small>(Last, First)</small></p>	<p>▶ <u>12 / 9 / 20</u> <small>Appt Date</small></p> <p>▶ <u>4 years</u> <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>100.00</u></p> <p>▶ 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"/> Other</p>
Board of Directors	<p>▶ Name <u>Wesley A. Krause</u> <small>(Last, First)</small></p> <p>Alternate, if any <u>Wes Krause</u> <small>(Last, First)</small></p>	<p>▶ <u>12 / 9 / 20</u> <small>Appt Date</small></p> <p>▶ <u>2 years</u> <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>100.00</u></p> <p>▶ 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"/> Other</p>

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.


Signature of Agency Head or Designee

Diane Cartwright

Print Name

Certified Board Secretary

Title

12/24/2020

(Month, Day, Year)

Comment: