

Agency Report of: Public Official Appointments

A Public Document

1. Agency Name Sonoma County Employees' Retirement Association Division, Department, or Region (If Applicable)		Page 1 of 1	California Form 806 For Official Use Only
Designated Agency Contact (Name, Title) Julie Wyne, CEO			Date Posted: 01/12/2024 <small>(Month, Day, Year)</small>
Area Code/Phone Number 707-565-8103	E-mail Julie.Wyne@sonoma-county.org		

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Sonoma County Employees' Association Board of Retirement	▶ Name <u>Tambe, Joe</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1/1/2024</u> <small>Appt Date</small> ▶ <u>3</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
Sonoma County Employees' Association Investment Committee	▶ Name <u>Tambe, Joe</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1/1/2024</u> <small>Appt Date</small> ▶ <u>3</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
Sonoma County Employees' Association Audit Committee	▶ Name <u>Tambe, Joe</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1/1/2024</u> <small>Appt Date</small> ▶ <u>3</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
Sonoma County Employees' Association Disability Committee	▶ Name <u>Tambe, Joe</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1/1/2024</u> <small>Appt Date</small> ▶ <u>3</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</u> ▶ Estimated Annual: <input checked="" 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

FPPC Regulation 18702.5. I have verified that the appointment and information identified above is true to the best of my information and belief.

Julie Wyne

CEO

1/12/24

Print Name

Title

(Month, Day, Year)

Comment: _____

Print
Clear