

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name Sonoma County Employees' Retirement Association		California Form 806 For Official Use Only
Division, Department, or Region (If Applicable)		
Designated Agency Contact (Name, Title) Julie Wyne, CEO		
Area Code/Phone Number 707-565-8103	E-mail Julie.Wyne@sonoma-county.org	Date Posted: 01/12/2024 <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
Sonoma County Employees' Association Board of Retirement	Name <u>Williamson, Robert</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	<u>1/1/2023</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>Williamson, Robert</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	<u>1/1/2023</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 Administrative Benefits Committee	Name <u>Williamson, Robert</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	<u>1/1/2023</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>Williamson, Robert</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	<u>1/1/2023</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

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.



Julie Wyne
Print Name

CEO
Title

1/12/24
(Month, Day, Year)

Comment: _____

Print

Clear