

**Agency Report of:  
Public Official Appointments**

**A Public Document**

<b>1. Agency Name</b> City of Tracy <hr/> <b>Division, Department, or Region (If Applicable)</b> City Clerk's Office <hr/> <b>Designated Agency Contact (Name, Title)</b> April Quintanilla, City Clerk <hr/> <b>Area Code/Phone Number</b> (209) 831-6105		<div style="text-align: right; font-weight: bold; font-size: 1.2em;">California Form 806</div> For Official Use Only   <hr/> Date Posted: 03/12/2026 <small>(Month, Day, Year)</small>
<b>E-mail</b> cityclerk@cityoftracy.org	Page 1 of 1	

**2. Appointments**

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Ava Community Energy Authority	▶ Name <u>Nygaard, Dotty</u> <small>(Last, First)</small>  Alternate, if any <u>Bedolla, Mateo</u> <small>(Last, First)</small>	▶ <u>1/20/2026</u> <small>Appt Date</small>  ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>130</u>  ▶ 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
San Joaquin Council of Governments	▶ Name <u>Arriola, Dan</u> <small>(Last, First)</small>  Alternate, if any <u>Nygaard, Dotty</u> <small>(Last, First)</small>	▶ <u>1/20/2026</u> <small>Appt Date</small>  ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</u>  ▶ 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
San Joaquin Local Agency Formation Commission	▶ Name <u>Arriola, Dan</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1/20/2026</u> <small>Appt Date</small>  ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</u>  ▶ 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
	▶ Name _____ <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Appt Date</small>  ▶ _____ <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"/> 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.*

Midori Lichtwardt                      Midori Lichtwardt                      City Manager                      03/11/2026  
Signature of Agency Head or Designee                      Print Name                      Title                      (Month, Day, Year)

Comment: \_\_\_\_\_

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Clear