

**Agency Report of:
Public Official Appointments**

A Public Document


1. Agency Name El Camino Healthcare District			California Form 806 For Official Use Only
Division, Department, or Region (If Applicable)			Date Posted: October 25, 2017 <small>(Month, Day, Year)</small>
Designated Agency Contact (Name, Title) Dan Woods, CEO			
Area Code/Phone Number 650-940-7300	E-mail dan_woods@elcaminohospital.org	Page <u>1</u> of <u>2</u>	

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
El Camino Hospital Board of Directors* *Director Fung has declined to receive stipends for which he is eligible	▶ Name <u>Peter C. Fung, MD</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 9 / 14</u> <small>Appt Date</small> ▶ <u>4 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100 - 200</u> ▶ 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"/> <u>\$0</u> <small>Other</small>
El Camino Hospital Board of Directors	▶ Name <u>Neysa Fligor</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>8 / 23 / 17</u> <small>Appt Date</small> ▶ <u>15 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100 - 200</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>\$3800</u> <small>Other</small>
El Camino Hospital Board of Directors	▶ Name <u>Julia E. Miller</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 6 / 16</u> <small>Appt Date</small> ▶ <u>4 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100 - 200</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>\$3200</u> <small>Other</small>
El Camino Hospital Board of Directors	▶ Name <u>David Reeder</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 9 / 14</u> <small>Appt Date</small> ▶ <u>4 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100 - 200</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>\$5200</u> <small>Other</small>

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.

	<u>Dan Woods</u> <small>Print Name</small>	<u>Chief Executive Officer</u> <small>Title</small>	<u>10/25/17</u> <small>(Month, Day, Year)</small>
<small>Signature of Agency Head or Designee</small>			

Comment: _____

**Agency Report of:
Public Official Appointments
Continuation Sheet**

1. Agency Name El Camino Healthcare District	Date Posted: <u>October 25, 2017</u> <small>(Month, Day, Year)</small>
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Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
El Camino Hospital Board of Directors* *Director Zoglin has declined to receive stipends for which he is eligible	▶ Name <u>John Zoglin</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 6 / 16</u> <small>Appt Date</small> ▶ <u>4 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100- 200</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>\$0</u> <small>Other</small>
	▶ 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"/> _____ <small>Other</small>
	▶ 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"/> _____ <small>Other</small>
	▶ 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"/> _____ <small>Other</small>
	▶ 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"/> _____ <small>Other</small>
	▶ 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"/> _____ <small>Other</small>