

**Agency Report of:  
Public Official Appointments**

**A Public Document**

<b>1. Agency Name</b> Sonoma County Employees' Retirement Association Division, Department, or Region (If Applicable)			<b>California Form 806</b> For Official Use Only
Designated Agency Contact (Name, Title) Julie Wyne, Chief Executive Officer			
Area Code/Phone Number 707 565-8103	E-mail julie.wyne@sonoma-county.org		Page <u>1</u> of <u>1</u>

**2. Appointments**

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Sonoma County Employees' Retirement Association Board of Retirement	▶ Name <u>Walsh, Mark</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Appt Date</small>  <u>3 years</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"/> _____ <small>Other</small>
Sonoma County Employees' Retirement Association Investment Committee	▶ Name <u>Walsh, Mark</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Appt Date</small>  <u>3 years</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"/> _____ <small>Other</small>
Sonoma County Employees' Retirement Association Administrative Benefits Committee	▶ Name <u>Walsh, Mark</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Appt Date</small>  <u>3 years</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"/> _____ <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>

**3. Verification**

I, the undersigned, a public official, have verified that the appointment and information identified above is true to the best of my information and belief.

Julie Wyne
Chief Executive Officer
1/12/2024

Print Name
Title
(Month, Day, Year)

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

Print
Clear