

**Agency Report of:  
Public Official Appointments**

**A Public Document**

<b>1. Agency Name</b> City of Santa Clarita			<b>California Form 806</b>
Division, Department, or Region (If Applicable) Clerk and Contract Services			For Official Use Only
Designated Agency Contact (Name, Title) Mary Cusick, City Clerk			
Area Code/Phone Number 661-255-4390	E-mail mcusick@santa-clarita.com	Page <u>1</u> of <u>1</u>	Date Posted: <u>2-21-17</u> <small>(Month, Day, Year)</small>

**2. Appointments**

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Sanitation Districts of Los Angeles	▶ Name <u>Smyth, Cameron</u> <small>(Last, First)</small>	▶ <u>01 / 24 / 17</u> <small>Appt Date</small>	▶ Per Meeting: \$ <u>125.00</u>
	Alternate, if any <u>Kellar, Bob</u> <small>(Last, First)</small>	▶ <u>HS Code 4700</u> <small>Length of Term</small>	▶ 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
Southern California Association of Governments District 67 Regional Council	▶ Name <u>McLean, Marsha</u> <small>(Last, First)</small>	▶ <u>02 / 14 / 17</u> <small>Appt Date</small>	▶ Per Meeting: \$ <u>120.00</u>
	Alternate, if any <u>N/A</u> <small>(Last, First)</small>	▶ <u>5/2017-5/2019</u> <small>Length of Term</small>	▶ 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>	▶ _____ <small>Appt Date</small>	▶ Per Meeting: \$ _____
	Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Length of Term</small>	▶ 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
	▶ Name _____ <small>(Last, First)</small>	▶ _____ <small>Appt Date</small>	▶ Per Meeting: \$ _____
	Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Length of Term</small>	▶ 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.*

 Signature of Agency Head or Designee	<u>Kenneth W. Striplin</u> Print Name	<u>City Manager</u> Title	<u>02/21/17</u> (Month, Day, Year)
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Comment: \_\_\_\_\_