

**Agency Report of:
Public Official Appointments**

A Public Document

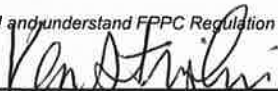
1. Agency Name City of Santa Clarita		California Form 806 <small>For Official Use Only</small>	
Division, Department, or Region (If Applicable) Clerk and Contract Services			
Designated Agency Contact (Name, Title) Mary Cusick, City Clerk			
Area Code/Phone Number (661) 255-4391	E-mail mcusick@santa-clarita.com	Page <u>1</u> of <u>1</u>	Date Posted: <u>1/31/18</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 County	▶ Name <u>Weste, Laurene</u> <small>(Last, First)</small> Alternate, if any <u>Smyth, Cameron</u> <small>(Last, First)</small>	▶ <u>01 / 23 / 18</u> <small>Appt Date</small> ▶ <u>HS Code 4700</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>125.00</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"/> <u> </u> <small>Other</small>
Southern California Association of Governments District 67 Regional Council	▶ Name <u>McLean, Marsha</u> <small>(Last, First)</small> Alternate, if any <u>N/A</u> <small>(Last, First)</small>	▶ <u>02 / 14 / 17</u> <small>Appt Date</small> ▶ <u>5/2017-5/2019</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>120.00</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"/> <u> </u> <small>Other</small>
	▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u> / / </u> <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>	▶ <u> / / </u> <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 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.

 <small>Signature of Agency Head or Designee</small>	<u>Kenneth W. Striplin</u> <small>Print Name</small>	<u>City Manager</u> <small>Title</small>	<u>01/31/18</u> <small>(Month, Day, Year)</small>
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Comment: _____