

**Agency Report of:  
Public Official Appointments**

**A Public Document**

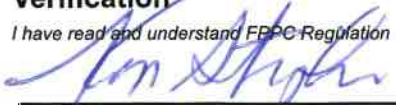
<b>1. Agency Name</b>			<b>California</b>	<b>Form</b>	<b>806</b>	
City of Santa Clarita			For Official Use Only			
<b>Division, Department, or Region</b> (If Applicable)						
Clerk & Contract Services						
<b>Designated Agency Contact</b> (Name, Title)						
Mary Cusick, City Clerk						
<b>Area Code/Phone Number</b>	<b>E-mail</b>	Page <u>1</u> of <u>1</u>	<b>Date Posted:</b>			
661-259-2489	mcusick@santa-clarita.com		02/28/2020			
			<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>  Alternate, if any <u>Weste, Laurene</u> <small>(Last, First)</small>	▶ <u>01 / 28 / 20</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"/> Other
Southern California Association of Governments Transportation Committee (appointment through position on North County Transportation Coalition)	▶ Name <u>McLean, Marsha</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>09 / 17 / 18</u> <small>Appt Date</small>  ▶ <u>2 years</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"/> Other
	▶ 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"/> Other
	▶ 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"/> 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

Kenneth W. Striplin  
Print Name

City Manager  
Title

02/28/2020  
(Month, Day, Year)

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