

**Agency Report of:  
Public Official Appointments**

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Public Document

<b>1. Agency Name</b> CITY OF NEWPORT BEACH		2014 JAN 15 PM	California Form <b>806</b> For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) Leilani I. Brown, City Clerk		OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	
Area Code/Phone Number 949-644-3005	E-mail lbrown@newportbeachca.gov		
		Page <u>1</u> of <u>1</u>	Date Posted: <u>01-15-2014</u> (Month, Day, Year)

**2. Appointments**

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Southern California Association of Governments (SCAG)	Name <u>Daigle, Leslie</u> <small>(Last, First)</small> Alternate, if any <u>Selich, Edward</u> <small>(Last, First)</small>	<u>01 / 14 / 14</u> <small>Appt Date</small> <u>1 year</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
Orange County Vector Control District Board of Directors	Name <u>Daigle, Leslie</u> <small>(Last, First)</small> Alternate, if any <u>NA</u> <small>(Last, First)</small>	<u>01 / 14 / 14</u> <small>Appt Date</small> <u>1 year</u> <small>Length of Term</small>	Per Meeting: \$ <u>100.00</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
Orange County Sanitation District (OCSD)	Name <u>Curry, Keith</u> <small>(Last, First)</small> Alternate, if any <u>Hill, Rush</u> <small>(Last, First)</small>	<u>01 / 14 / 14</u> <small>Appt Date</small> <u>1 year</u> <small>Length of Term</small>	Per Meeting: \$ <u>212.50</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"/> \$3,001+
San Joaquin Transportation Corridor Joint Powers Agency Board of Directors	Name <u>Hill, Rush</u> <small>(Last, First)</small> Alternate, if any <u>Curry, Keith</u> <small>(Last, First)</small>	<u>01 / 14 / 14</u> <small>Appt Date</small> <u>1 year</u> <small>Length of Term</small>	Per Meeting: \$ <u>120.00</u> Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" 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 18705.5. I have verified that the appointment and information identified above is true to the best of my information and belief.

   Leilani I. Brown    City Clerk    01-15-14  
Signature of Agency Head or Designee    Print Name    Title    (Month, Day, Year)

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