

**Agency Report of:
Public Official Appointments**

RECEIVED A Public Document

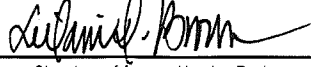
1. Agency Name CITY OF NEWPORT BEACH		2015 JAN 26 AM 8:50 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	California Form 806 For Official Use Only
Division, Department, or Region (If Applicable)			Date Posted: (Month, Day, Year)
Designated Agency Contact (Name, Title) Leilani I. Brown, City Clerk		Page <u>1</u> of <u>1</u>	
Area Code/Phone Number 949-644-3005	E-mail lbrown@newportbeachca.gov		

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Orange County Mosquito and Vector Control District Board of Directors	Name Peotter, Scott <small>(Last, First)</small> Alternate, if any NA <small>(Last, First)</small>	01 / 13 / 15 <small>Appt Date</small> 4 years <small>Length of Term</small>	Per Meeting: \$ 100.00 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 Curry, Keith <small>(Last, First)</small> Alternate, if any Peotter, Scott <small>(Last, First)</small>	01 / 13 / 15 <small>Appt Date</small> 1 year <small>Length of Term</small>	Per Meeting: \$ 212.50 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+ <small>Other</small>
San Joaquin Transportation Corridor Joint Powers Agency Board of Directors	Name Peotter, Scott <small>(Last, First)</small> Alternate, if any Curry, Keith <small>(Last, First)</small>	01 / 13 / 15 <small>Appt Date</small> 1 year <small>Length of Term</small>	Per Meeting: \$ 120.00 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
	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"/> 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
01.26.15
Signature of Agency Head or Designee
Print Name
Title
(Month, Day, Year)

Comment: _____