

**Agency Report of:
Public Official Appointments**

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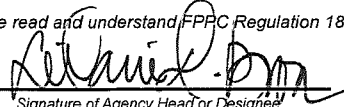
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|---|-------------------------------------|--|---|
| 1. Agency Name CITY OF NEWPORT BEACH | | 2016 JAN 22 AM 9:59 CITY CLERK CITY OF NEWPORT BEACH | California Form 806 For Official Use Only |
| Division, Department, or Region (If Applicable) | | | |
| Designated Agency Contact (Name, Title) Leilani I. Brown, City Clerk | | Page 1 of 1 | Date Posted: 01/22/16 (Month, Day, Year) |
| 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 / 12 / 16 <small>Appt Date</small> 2 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 / 12 / 16 <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 Dixon, Diane <small>(Last, First)</small> | 01 / 12 / 16 <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 |
| Southern California Association of Governments (SCAG) | Name Muldoon, Kevin <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small> | 01 / 12 / 16 <small>Appt Date</small> 1 year <small>Length of Term</small> | Per Meeting: \$ 120.00 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 |

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
01/22/16
Signature of Agency Head or Designee
Print Name
Title
(Month, Day, Year)

Comment: _____