

**Agency Report of:
Public Official Appointments**

A Public Document

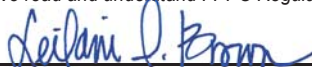
1. Agency Name CITY OF NEWPORT BEACH			California Form 806 For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) Leilani I. Brown, City Clerk			
Area Code/Phone Number 949-644-3005	E-mail lbrown@newportbeachca.gov	Page <u>1</u> of <u>1</u>	Date Posted: <u>01/26/17</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
Orange County Sanitation District (OCSD)	▶ Name <u>Peotter, Scott</u> <small>(Last, First)</small> Alternate, if any <u>Avery, Brad</u> <small>(Last, First)</small>	▶ <u>01 / 10 / 17</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"/> <u>\$3,001+</u> <small>Other</small>
San Joaquin Transportation Corridor Joint Powers Agency Board of Directors	▶ Name <u>Peotter, Scott</u> <small>(Last, First)</small> Alternate, if any <u>Dixon, Diane</u> <small>(Last, First)</small>	▶ <u>01 / 10 / 17</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"/> <u> </u> <small>Other</small>
Southern California Association of Governments (SCAG)	▶ Name <u>Muldoon, Kevin</u> <small>(Last, First)</small> Alternate, if any <u>NA</u> <small>(Last, First)</small>	▶ <u>01 / 10 / 17</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"/> <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>

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.

 <small>Signature of Agency Head or Designee</small>	<u>Leilani I. Brown</u> <small>Print Name</small>	<u>City Clerk</u> <small>Title</small>	<u>01/26/17</u> <small>(Month, Day, Year)</small>
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Comment: Amended due to change in OCSD Alternate from Muldoon to Avery