

Agency Report of:
Public Official Appointments

A Public Document

1. Agency Name City of Garden Grove Division, Department, or Region (If Applicable)		California Form 806 For Official Use Only	
Designated Agency Contact (Name, Title) Kathy Bailor, CMC, City Clerk			
Area Code/Phone Number 714) 741-5040	E-mail kathyb@ci.garden-grove.ca.us		
		Page <u>1</u> of <u>2</u>	

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Orange County Vector Control	▶ Name <u>Marcario, Robin</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 13</u> <small>Appt Date</small> <u>4 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>100</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"/> _____ <small>Other</small>
Southern California Association of Governments	▶ Name <u>Phan, Christopher</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 8 / 13</u> <small>Appt Date</small> <u>until replaced</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>100</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"/> _____ <small>Other</small>
West Orange County Water Board	▶ Name <u>Beard, Kris</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 8 / 13</u> <small>Appt Date</small> <u>until replaced</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>100</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"/> _____ <small>Other</small>
Sanitary District Liaison Committee	▶ Name <u>Nguyen, Bao</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 13 / 15</u> <small>Appt Date</small> <u>until replaced</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>100</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"/> _____ <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>	Kathleen Bailor _____ <small>Print Name</small>	City Clerk _____ <small>Title</small>	<u>11/2/2015</u> _____ <small>(Month, Day, Year)</small>
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Comment: _____

Agency Report of:
Public Official Appointments
Continuation Sheet

1. Agency Name City of Garden Grove	Date Posted: _____ <small>(Month, Day, Year)</small>
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Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Sanitary District Liaison Committee	Name <u>Beard, Kris</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	<u>1 / 8 / 13</u> <small>Appt Date</small> <u>until replaced</u> <small>Length of Term</small>	Per Meeting: \$ _____ <u>100</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"/> _____ <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>
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