Agency Report of: Public Official Appointments

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1.	Agency Name			California 806			
		arden Grove Sanitary District				I SIIII	
	Division, Department, or Reg	ion (If Applicable)				For Official Use Only	
	Designated Agency Contact	-					
	Kathy Bailor, CMC, City Cle	erk	·			Date Posted:	
	Area Code/Phone Number	Analysis dead of the Control of the			f 1	3/26/2015	
	714) 741-5035	kathyb@ci.garden-grove.ca.us		Page 1 of		(Month, Day, Year)	
2.	Appointments	pointments					
	Agency Boards and Commissions	Name of Appointed Person		Appt Date and Length of Term	Per Me	eting/Annual Salary/Stipend	
	Orange County Sanitation District Board	Name Steve Jones (Last, First) Alternate, if any(Last, First)		1 / 13 / 15 Appl Date until replaced Length of Term	▶ Per Meeting: \$ 212.5 ▶ Estimated Annual: \$0-\$1,000 \$2,001-\$3,000 \$1,001-\$2,000 \$00 Other		
		Name(Last, First) Alternate, if any(Last, First)	.	Appt Date Length of Term	▶ Estima.	ted Annual: ,000	
		▶Name(Last, First) Alternate, if any(Last, First)	. -	/ / Appl Date Length of Term			
		▶Name(Last, First) Alternate, if any(Last, First)		Appt Date Length of Term			
	Verification I have read and understand FPPC Regu	alation 18705.5. I have verified that the appointment and info	ormation	n identified above is tru City Clerl		at of my information and belief. 3/26/15	
	Signature of Agency Head or Designe		***************************************	Title		(Month, Day, Year)	

Agency Report of: Public Official Appointments

A Public Document

1 4	abile Official Appoin	unenta			Ar	ablic Document	
1.	Agency Name					California 806	
	City of Garden Grove				1 31111		
	Division, Department, or Reg	ion (If Applicable)				For Official Use Only	
	Designated Agency Contact	signated Agency Contact (Name, Title)					
	Kathy Bailor, CMC, City Cle	erk					
	Area Code/Phone Number	E-mail			Date Posted:		
	714) 741-5035	kathyb@ci.garden-grove.ca.us		Page 1 or	f 2	3/26/2015 (Month, Day, Year)	
2.	Appointments					(молия, рау, теал)	
	Agency Boards and	Name of Appointed Person	i live	Appt Date and Per Meeting/Annual Salary/Stipend			
	Commissions	Name of Appointed Person		Length of Term	Perivie	eting/Annual Salary/Stipend	
	Orange County Vector						
	Control	Name Marcario, Robin	 	<u>1 / 22 / 13</u>		eeting: \$	
		(Last, First)		Appt Date	Estimated Annual:		
		Alternate, if any(Last. First)	 	1/2/2017	\$0-\$1	,000 \$2,001-\$3,000	
	30	(Last, First)		Length of Term	\$1,00	1-\$2,000	
						Other	
	Southern California				100		
	Association of Governments	Name Phan, Christopher V. (Last, First)		1 / 8 / 13	▶ Per Meeting: \$		
		Allegado if any		Appl Date until replaced	Estimated Annual:		
			l, u		\$0-\$1	,000 \$2,001-\$3,000	
		Alternate, if any(Last, First)		Length of Term	X \$1.00	11-\$2,000	
					ιες ψ1,00	Other	
	West Orange County Water Board						
		▶Name Beard, Kris		1 / 8 / 13	▶ Per Me	eeting: \$100	
		(Last, First)		Appt Date		30000 🗸	
		Allowants if any	u	ıntil replaced		ted Annual:	
		Alternate, if any	-	Length of Term	\$0-\$1	,000 \$2,001-\$3,000	
					\$1,00	1-\$2,000 Other	
			-			000	
	Sanitary District Liaison Committee	Nguyen, Bao	1	1 / 13 / 15	▶ Per Me	eeting: \$100	
	Committee	Name (Last, First)	-	Appt Date			
		,				ted Annual:	
		Alternate, if any(Last, First)	Þ	Length of Term	\$0-\$1	,000 \$2,001-\$3,000	
					X \$1,00	11-\$2,000 Other	
						Other	
3.	Verification						
	I have read and understand FPPC Regu	ad and understand FPPC Regulation 18705.5. I have verified that the appointment and information					
	Kataleen Kall	Kathleen Bailor		City Cler	3/26/2015 (Month, Day, Year)		
Signature of Agency Head or Designee Print Name			Title	Title (N			
Consmont							
	Comment:						

Agency Report of: Public Official Appointments Continuation Sheet



Page 2 of 2

	Agency Name City of Garden Grove	Date Posted: 3/26/2015 (Month, Day, Year)				
the state of	Appointments					
	Agency Boards and Commissions Name of Appointed Person Appt Date and Length of Term			Per Meeting/Annual Salary/Stipend		
	Sanitary District Liaison Committee	Name Kris Beard (Last, First) Alternate, if any (Last, First)	1 / 8 / 13 Appt Date until replaced Length of Term	▶ Per Meeting: \$		
		Name(Last, First) Alternate, if any(Last, First)	Appl Date Length of Term	Image: Sign of the property of		
		▶Name(Last, First) Alternate, if any(Last, First)	Appt Date Length of Term	▶ Per Meeting: \$		
		▶Name(Last, First) Alternate, if any(Last, First)	Appl Date Length of Term	▶ Per Meeting: \$		
		Name(Last, First) Alternate, if any(Last, First)	Appt Date Appt Date Length of Term	▶ Per Meeting: \$		
		▶Name(Last, First) Alternate, if any(Last, First)	Appt Date Length of Term	▶ Per Meeting: \$		