

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name

CITY OF NEWPORT BEACH

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

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THE CITY CLERK
CITY OF NEWPORT BEACH

California Form **806**

For Official Use Only

Date Posted:

01/04/17

(Month, Day, Year)

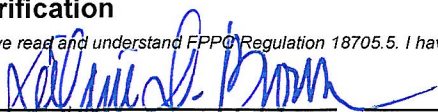
Page 1 of 1

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)	<p>▶ Name <u>Peotter, Scott</u> <small>(Last, First)</small></p> <p>Alternate, if any <u>Muldoon, Kevin</u> <small>(Last, First)</small></p>	<p>▶ <u>01 / 10 / 17</u> <small>Appt Date</small></p> <p>▶ <u>1 year</u> <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>212.50</u></p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>\$3,001+</u> <small>Other</small></p>
San Joaquin Transportation Corridor Joint Powers Agency Board of Directors	<p>▶ Name <u>Peotter, Scott</u> <small>(Last, First)</small></p> <p>Alternate, if any <u>Dixon, Diane</u> <small>(Last, First)</small></p>	<p>▶ <u>01 / 10 / 17</u> <small>Appt Date</small></p> <p>▶ <u>1 year</u> <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>120.00</u></p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u></p>
Southern California Association of Governments (SCAG)	<p>▶ Name <u>Muldoon, Kevin</u> <small>(Last, First)</small></p> <p>Alternate, if any <u>NA</u> <small>(Last, First)</small></p>	<p>▶ <u>01 / 10 / 17</u> <small>Appt Date</small></p> <p>▶ <u>1 year</u> <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>120.00</u></p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u></p>
	<p>▶ Name _____ <small>(Last, First)</small></p> <p>Alternate, if any _____ <small>(Last, First)</small></p>	<p>▶ _____ <small>Appt Date</small></p> <p>▶ _____ <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ _____</p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u></p>

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

01/04/17

Signature of Agency Head or Designee

Print Name

Title

(Month, Day, Year)

Comment: _____