

**Agency Report of:
Public Official Appointments**

RECEIVED 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

lbrown@newportbeachca.gov

2018 JAN -3 AM 8:40

OFFICE OF THE CITY CLERK
CITY OF NEWPORT BEACH

California Form **806**

For Official Use Only

Date Posted:

1-3-18

(Month, Day, Year)


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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 Peotter, Scott <small>(Last, First)</small></p> <p>Alternate, if any Avery, Brad <small>(Last, First)</small></p>	<p>1 / 9 / 18 <small>Appt Date</small></p> <p>1 year <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ 212.50</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"/> \$3,001+ <small>Other</small></p>
San Joaquin Transportation Corridor Joint Powers Agency Board of Directors	<p>Name Peotter, Scott <small>(Last, First)</small></p> <p>Alternate, if any O'Neill, Will <small>(Last, First)</small></p>	<p>1 / 9 / 18 <small>Appt Date</small></p> <p>1 year <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ 120.00</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"/> <small>Other</small></p>
Southern California Association of Governments (SCAG)	<p>Name Muldoon, Kevin <small>(Last, First)</small></p> <p>Alternate, if any _____ <small>(Last, First)</small></p>	<p>1 / 9 / 18 <small>Appt Date</small></p> <p>_____ <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ 120.00</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"/> <small>Other</small></p>
Orange County Mosquito and Vector Control District Board of Trustees	<p>Name Peotter, Scott <small>(Last, First)</small></p> <p>Alternate, if any _____ <small>(Last, First)</small></p>	<p>1 / 13 / 15 <small>Appt Date</small></p> <p>4 years <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ 100.00</p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <small>Other</small></p>

3. Verification

I have read and understand FPPC Regulation 18702.5. I have verified that the appointment and information identified above is true to the best of my information and belief.


Signature of Agency Head or Designee

Leilani I. Brown

Print Name

City Clerk

Title

1/3/18

(Month, Day, Year)

Comment: _____