

Agency Report of: Public Official Appointments

A Public Document

1. Agency Name CITY OF SANTA MARIA			California Form 806 For Official Use Only
Division, Department, or Region (If Applicable)			Page <u>1</u> of <u>1</u>
Designated Agency Contact (Name, Title) Rhonda M. Garietz, CMC, Chief Deputy City Clerk			
Area Code/Phone Number 805-925-0951, Ext. 307	E-mail rgarietz@cityofsantamaria.org	Date Posted: 1/30/2015 <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
Santa Barbara County Association of Governments (SBCAG)	▶ Name <u>Patino, Alice</u> <small>(Last, First)</small> Alternate, if any <u>Waterfield, Etta</u> <small>(Last, First)</small>	▶ <u>1 / 6 / 15</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</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"/> <u> </u> Other
North County Sub-regional Planning Committee	▶ Name <u>Patino, Alice</u> <small>(Last, First)</small> Alternate, if any <u>Waterfield, Etta</u> <small>(Last, First)</small>	▶ <u>1 / 6 / 15</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</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"/> <u> </u> Other
	▶ 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"/> <u> </u> Other
	▶ 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"/> <u> </u> Other

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.

/s/ Rhonda Garietz	Rhonda M. Garietz	Chief Deputy City Clerk	1/30/2015
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____