

**Agency Report of:  
Public Official Appointments**

**A Public Document**


<b>1. Agency Name</b> City of Dana Point			<b>California Form 806</b> For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) Kathy Ward, City Clerk		CITY OF DANA POINT	
Area Code/Phone Number 949/248-3505	E-mail kward@danapoint.org	Page <u>1</u> of <u>1</u>	Date Posted: <u>6-28-12</u> <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
Foothill Eastern Transportation Corridor Agency (FETCA)  Board of Directors	▶ Name <u>Bartlett, Lisa</u> <small>(Last, First)</small>  Alternate, if any <u>Schoeffel, J. Scott</u> <small>(Last, First)</small>	▶ <u>4 / 17 / 12</u> <small>Appt Date</small>  ▶ <u>April-Dec, 2012</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>120.00</u>  ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
Transportation Corridor System	▶ Name <u>Bartlett, Lisa</u> <small>(Last, First)</small>  Alternate, if any <u>Schoeffel, J. Scott</u> <small>(Last, First)</small>	▶ <u>4 / 17 / 12</u> <small>Appt Date</small>  ▶ <u>April-Dec, 2012</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>120.00</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"/> Other
	▶ Name _____ <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <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"/> Other
	▶ Name _____ <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <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"/> 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.*

 Signature of Agency Head or Designee	Kathy Ward Print Name	City Clerk Title	6-28-12 (Month, Day, Year)
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Comment: \_\_\_\_\_