

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name		RECEIVED 2013 JAN 24 P 5:28 CITY OF DANA POINT	California Form 806 For Official Use Only
City of Dana Point Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) Kathy Ward, City Clerk		Page <u>1</u> of <u>1</u>	Date Posted: 1-25-13 <small>(Month, Day, Year)</small>
Area Code/Phone Number 949/248-3505	E-mail kward@danapoint.org		

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>1 / 15 / 13</u> <small>Appt Date</small> ▶ <u>1/13 - 12/13</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>120.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>\$8640</u> <small>Other</small>
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>1 / 15 / 13</u> <small>Appt Date</small> ▶ <u>1/13 - 12/13</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"/> <u> </u> <small>Other</small>
Southern CA Assoc. of Governments Exec. Board and Energy Policies	▶ Name <u>Bartlett, Lisa</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 15 / 13</u> <small>Appt Date</small> ▶ <u>1/13 - 12/13</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ ▶ 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"/> _____ <small>Other</small>
	▶ 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"/> _____ <small>Other</small>

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

1-24-13
(Month, Day Year)

Comment: _____