

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name CITY OF SOLVANG			California Form 806 For Official Use Only
Division, Department, or Region <i>(If Applicable)</i>			Page <u>1</u> of <u>1</u>
Designated Agency Contact <i>(Name, Title)</i> LISA S MARTIN, CITY CLERK			
Area Code/Phone Number (805) 688-5575	E-mail lisam@cityofsolvang.com	Date Posted: 4/11/2019 <i>(Month, Day, Year)</i>	

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	▶ Name <u>TOUSSAINT, RYAN</u> <i>(Last, First)</i> Alternate, if any <u>WAITE, KAREN</u> <i>(Last, First)</i>	▶ <u>12 / 10 / 18</u> <i>Appt Date</i> ▶ <u>1 Year</u> <i>Length of Term</i>	▶ 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>Other</u>
	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ _____ <i>Appt Date</i> ▶ _____ <i>Length of Term</i>	▶ 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>Other</u>
	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ _____ <i>Appt Date</i> ▶ _____ <i>Length of Term</i>	▶ 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>Other</u>
	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ _____ <i>Appt Date</i> ▶ _____ <i>Length of Term</i>	▶ 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>Other</u>

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.

 <i>Signature of Agency Head or Designee</i>	DAVID GASSAWAY <i>Print Name</i>	CITY MANAGER <i>Title</i>	4/11/2019 <i>(Month, Day, Year)</i>
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Comment: _____