

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 (If Applicable)			Page <u>1</u> of <u>1</u>
Designated Agency Contact (Name, Title) Annamarie Porter, City Clerk			
Area Code/Phone Number 805-688-5575	E-mail cityclerk@cityofsolvang.com	Date Posted: December 11, 2024 <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
SB COUNTY ASSOCIATION OF GOVERNMENTS (SBCAG)	▶ Name <u>David Brown, Mayor</u> <small>(Last, First)</small> Alternate, if any <u>Claudia Orona</u> <small>(Last, First)</small>	▶ <u>12 / 12 / 24</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</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"/> Other
CALIFORNIA JOINT POWERS AUTHORITY (CJPIA)	▶ Name <u>Vacant</u> <small>(Last, First)</small> Alternate, if any <u>Claudia Orona</u> <small>(Last, First)</small>	▶ <u>12 / 12 / 24</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</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 18702.5. I have verified that the appointment and information identified above is true to the best of my information and belief.

Annamarie Porter

Signature of Agency Head or Designee

Annamarie Porter

Print Name

City Clerk

Title

12/11/2024

(Month, Day, Year)

Comment: _____

Print

Clear