

**Agency Report of:
Public Official Appointments**

COUNTY OF SAN DIEGO

A Public Document

1. Agency Name County of San Diego		2017 NOV 20 PM 4:51 CLERK OF THE BOARD OF SUPERVISORS	California Form 806 For Official Use Only
Division, Department, or Region (If Applicable) City Selection Committee			
Designated Agency Contact (Name, Title) Gliceria Magpayo, Clerk of the Board Program Manager		Page 1 of 1	Date Posted: 11/20/17 <small>(Month, Day, Year)</small>
Area Code/Phone Number 619-531-4870	E-mail gliceria.magpayo@sdcounty.ca.gov		

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Local Agency Formation Commission (LAFCO)	Name <u>Blakespear, Catherine</u> <small>(Last, First)</small> Alternate, if any <u>None</u> <small>(Last, First)</small>	<u>03 / 13 / 17</u> <small>Appt Date</small> <u>until 05/06/19</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"/> Other
Local Agency Formation Commission (LAFCO)	Name <u>Wells, Bill</u> <small>(Last, First)</small> Alternate, if any <u>None</u> <small>(Last, First)</small>	<u>11 / 17 / 17</u> <small>Appt Date</small> <u>until 05/03/21</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"/> Other
Local Agency Formation Commission (LAFCO)	Name <u>Bragg, Lorie</u> <small>(Last, First)</small> Alternate, if any <u>None</u> <small>(Last, First)</small>	<u>11 / 17 / 17</u> <small>Appt Date</small> <u>until 05/06/19</u> <small>Length of Term</small>	Per Meeting: \$ <u>100.00</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

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.

 Gliceria Magpayo COB Program Manager 11/20/17
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: Bill Wells and Lorie Bragg were appointed 11/17/17 with an effective date of 01/01/18.