

**Agency Report of:  
Public Official Appointments**

COUNTY OF SAN DIEGO

**A Public Document**

**1. Agency Name**

County of San Diego

Division, Department, or Region (If Applicable)

2015 JAN 5 AM 10 58

City Selection Committee

Designated Agency Contact (Name, Title)

CLERK OF THE BOARD  
OF SUPERVISORS

Gliceria Magpayo, Clerk of the Board Program Manager

Area Code/Phone Number

619-531-4870

E-mail

gliceria.magpayo@sdcounty.ca.gov

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California Form **806**

For Official Use Only

Date Posted:

01/05/2015

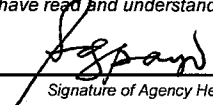
(Month, Day, Year)

**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)	<p>▶ Name <u>Lorraine Wood</u> <small>(Last, First)</small></p> <p>Alternate, if any <u>None</u> <small>(Last, First)</small></p>	<p>▶ <u>02 / 02 / 15</u> <small>Appt Date</small></p> <p>▶ <u>4 years</u> <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>100.00</u></p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000    <input type="checkbox"/> \$2,001-\$3,000</p> <p><input checked="" type="checkbox"/> \$1,001-\$2,000    <input type="checkbox"/> Other</p>
Local Agency Formation Commission (LAFCO)	<p>▶ Name <u>Raquel Vasquez</u> <small>(Last, First)</small></p> <p>Alternate, if any <u>None</u> <small>(Last, First)</small></p>	<p>▶ <u>02 / 02 / 15</u> <small>Appt Date</small></p> <p>▶ <u>2 years</u> <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>100.00</u></p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000    <input type="checkbox"/> \$2,001-\$3,000</p> <p><input checked="" type="checkbox"/> \$1,001-\$2,000    <input type="checkbox"/> Other</p>
	<p>▶ Name _____ <small>(Last, First)</small></p> <p>Alternate, if any _____ <small>(Last, First)</small></p>	<p>▶ <u> / / </u> <small>Appt Date</small></p> <p>▶ _____ <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ _____</p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000    <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000    <input type="checkbox"/> Other</p>
	<p>▶ Name _____ <small>(Last, First)</small></p> <p>Alternate, if any _____ <small>(Last, First)</small></p>	<p>▶ <u> / / </u> <small>Appt Date</small></p> <p>▶ _____ <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ _____</p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000    <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000    <input type="checkbox"/> Other</p>

**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

Gliceria Magpayo

Print Name

COB Program Manager

Title

01/05/2015

(Month, Day, Year)

Comment: Appointment made on 12/8/14 with an effective date of 2/2/15.