

**Agency Report of:  
Public Official Appointments**

**A Public Document**

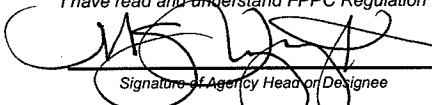
<b>1. Agency Name</b>		<b>California Form 806</b>	For Official Use Only
County of San Diego			
<b>Division, Department, or Region</b> (If Applicable)			
City Selection Committee			
<b>Designated Agency Contact</b> (Name, Title)		<b>Date Posted:</b>	
Marvice Mazyck, Clerk of the Board Program Manager		1/29/2013	
<b>Area Code/Phone Number</b>		(Month, Day, Year)	
619-531-4870			
<b>E-mail</b>		Page <u>1</u> of <u>1</u>	
Marvice.Mazyck@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>Jim Janney</u> <small>(Last, First)</small>  Alternate, if any <u>None</u> <small>(Last, First)</small>	▶ <u>05 / 01 / 13</u> <small>Appt Date</small>  ▶ <u>2 Years</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"/> <u>          </u> Other
Local Agency Formation Commission (LAFCO)	▶ Name <u>Sam Abed</u> <small>(Last, First)</small>  Alternate, if any <u>None</u> <small>(Last, First)</small>	▶ <u>05 / 01 / 13</u> <small>Appt Date</small>  ▶ <u>4 Years</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"/> <u>          </u> Other
	▶ Name _____ <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>  /  /  </u> <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"/> <u>          </u> Other
	▶ Name _____ <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>  /  /  </u> <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"/> <u>          </u> Other

**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	Marvice E. Mazyck Print Name	COB Program Manager Title	1/29/13 (Month, Day, Year)
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Comment: Appointment made on 1/14/13 with an effective date of 5/1/13