

Agency Report of: Public Official Appointments

A Public Document

1. Agency Name

COUNTY OF SAN DIEGO

California Form **806**

County of San Diego

For Official Use Only

Division, Department, or Region (If Applicable)

2015 JAN 5 PM 3 23

Board of Supervisors

Designated Agency Contact (Name, Title)

CLERK OF THE BOARD
OF SUPERVISORS

David Hall, Clerk of the Board

Date Posted:

Area Code/Phone Number

E-mail

(619) 531-5430

David.Hall@sdcounty.ca.gov

Page 1 of 3

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>Horn, Bill</u> <small>(Last, First)</small></p> <p>Alternate, if any <u>Cox, Greg</u> <small>(Last, First)</small></p>	<p><u>01 / 06 / 15</u> <small>Appt Date</small></p> <p><u>1 Year</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>Jacob, Dianne*</u> <small>(Last, First)</small></p> <p>Alternate, if any _____ <small>(Last, First)</small></p> <p>*LAFCO provides a per meeting stipend of \$100. Supervisor Dianne Jacob does not accept these stipends.</p>	<p><u>01 / 06 / 15</u> <small>Appt Date</small></p> <p><u>1 Year</u> <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>
Metropolitan Transit System Board	<p>Name <u>Roberts, Ron</u> <small>(Last, First)</small></p> <p>Alternate, if any <u>Cox, Greg</u> <small>(Last, First)</small></p>	<p><u>01 / 06 / 15</u> <small>Appt Date</small></p> <p><u>1 Year</u> <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>150.00</u></p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other</p>
North San Diego County Transit Development Board	<p>Name <u>Horn, Bill</u> <small>(Last, First)</small></p> <p>Alternate, if any <u>Roberts, Dave</u> <small>(Last, First)</small></p>	<p><u>01 / 06 / 15</u> <small>Appt Date</small></p> <p><u>1 Year</u> <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>75.00</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>

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

David Hall

Print Name

Clerk of the Board

Title

01/05/2015

(Month, Day, Year)

Comment: _____

**Agency Report of:
Public Official Appointments
Continuation Sheet**

1. Agency Name County of San Diego	Date Posted: <u>01/05/2015</u> <small>(Month, Day, Year)</small>
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2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
San Diego Association of Governments (Seat 1)	▶ Name <u>Horn, Bill</u> <small>(Last, First)</small> Alternate, if any <u>Jacob, Dianne*</u> <small>(Last, First)</small> <small>*SANDAG provides a per meeting stipend of \$150. Supervisor Dianne Jacob does not accept these stipends.</small>	▶ <u>01 / 06 / 15</u> <small>Appt Date</small> ▶ <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>4,800.00</u> <small>Other</small>
San Diego Association of Governments (Seat 2)	▶ Name <u>Roberts, Ron</u> <small>(Last, First)</small> Alternate, if any <u>Roberts, Dave</u> <small>(Last, First)</small>	▶ <u>01 / 06 / 15</u> <small>Appt Date</small> ▶ <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>4,800.00</u> <small>Other</small>
San Diego Association of Governments (Seat 2 - Second Alternate)	▶ Name _____ <small>(Last, First)</small> Alternate, if any <u>Cox, Greg</u> <small>(Last, First)</small>	▶ <u>01 / 06 / 15</u> <small>Appt Date</small> ▶ <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150.00</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"/> _____ <small>Other</small>
SANDAG Borders Committee	▶ Name <u>Cox, Greg</u> <small>(Last, First)</small> Alternate, if any <u>Jacob, Dianne*</u> <small>(Last, First)</small> <small>*SANDAG provides a per meeting stipend of \$100. Supervisor Dianne Jacob does not accept these stipends.</small>	▶ <u>01 / 06 / 15</u> <small>Appt Date</small> ▶ <u>1 Year</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"/> _____ <small>Other</small>
SANDAG Executive Committee	▶ Name <u>Horn, Bill</u> <small>(Last, First)</small> Alternate, if any <u>Roberts, Ron</u> <small>(Last, First)</small>	▶ <u>01 / 06 / 15</u> <small>Appt Date</small> ▶ <u>1 Year</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"/> _____ <small>Other</small>
SANDAG Public Safety Committee	▶ Name <u>Cox, Greg</u> <small>(Last, First)</small> Alternate, if any <u>Jacob, Dianne*</u> <small>(Last, First)</small> <small>*SANDAG provides a per meeting stipend of \$100. Supervisor Dianne Jacob does not accept these stipends.</small>	▶ <u>01 / 06 / 15</u> <small>Appt Date</small> ▶ <u>1 Year</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"/> _____ <small>Other</small>

