

# Agency Report of: Public Official Appointments

A Public Document

|   |                                       |  |   |
|---|---------------------------------------|--|---|
| <b>1. Agency Name</b><br>City of Solvang                                |                                       |  | <b>California Form 806</b><br>For Official Use Only |
| Division, Department, or Region (If Applicable)                         |                                       |  | Page <u>1</u> of <u>2</u>                           |
| Designated Agency Contact (Name, Title)<br>Annamarie Porter, City Clerk |                                       |  |   |
| Area Code/Phone Number<br>805-688-5575                                  | E-mail<br>cityclerk@cityofsolvang.com | Date Posted:<br>December 14, 2022<br><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>Mark Infanti, Mayor</u><br><small>(Last, First)</small><br><br>Alternate, if any <u>Elizabeth Orona</u><br><small>(Last, First)</small> | ▶ <u>12 / 12 / 22</u><br><small>Appt Date</small><br><br>▶ <u>1 year</u><br><small>Length of Term</small> | ▶ Per Meeting: \$ <u>100</u><br><br>▶ Estimated Annual:<br><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000<br><input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other |
| CALIFORNIA JOINT POWERS AUTHORITY (CJPIA)    | ▶ Name <u>David Brown</u><br><small>(Last, First)</small><br><br>Alternate, if any <u>Claudia Orona</u><br><small>(Last, First)</small>           | ▶ <u>12 / 12 / 22</u><br><small>Appt Date</small><br><br>▶ <u>1 year</u><br><small>Length of Term</small> | ▶ Per Meeting: \$ <u>100</u><br><br>▶ Estimated Annual:<br><input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000<br><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other |
|  | ▶ Name _____<br><small>(Last, First)</small><br><br>Alternate, if any _____<br><small>(Last, First)</small>                                       | ▶ _____<br><small>Appt Date</small><br><br>▶ _____<br><small>Length of Term</small>                       | ▶ Per Meeting: \$ _____<br><br>▶ Estimated Annual:<br><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000<br><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other                 |
|  | ▶ Name _____<br><small>(Last, First)</small><br><br>Alternate, if any _____<br><small>(Last, First)</small>                                       | ▶ _____<br><small>Appt Date</small><br><br>▶ _____<br><small>Length of Term</small>                       | ▶ Per Meeting: \$ _____<br><br>▶ Estimated Annual:<br><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000<br><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

12/12/2022

(Month, Day, Year)

Comment: \_\_\_\_\_

**Print**

**Clear**

FPPC Form 806 (1/18)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)