

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name City of Santa Barbara		California Form 806	For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) Deborah L. Applegate, Deputy City Clerk			
Area Code/Phone Number (805) 564-5309	E-mail dapplegate@santabarbaraca.gov	Page <u>1</u> of <u>1</u>	Date Posted: <u>2/1/2017</u> <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
Santa Barbara County Association of Governments (SBCAG)	▶ Name <u>Schneider, Helene</u> <small>(Last, First)</small> Alternate, if any <u>White, Bendy</u> <small>(Last, First)</small>	▶ <u>1 / 10 / 17</u> <small>Appt Date</small> ▶ <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</u> ▶ 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>Other</u>
Cachuma Operations and Maintenance Board (COMB)	▶ Name <u>White, Bendy</u> <small>(Last, First)</small> Alternate, if any <u>Murillo, Cathy</u> <small>(Last, First)</small>	▶ <u>1 / 10 / 17</u> <small>Appt Date</small> ▶ <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>128</u> ▶ 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>Other</u>
	▶ 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>Other</u>
	▶ 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>Other</u>

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.

 <small>Signature of Agency Head or Designee</small>	<u>Deborah L. Applegate</u> <small>Print Name</small>	<u>Deputy City Clerk</u> <small>Title</small>	<u>2/1/2017</u> <small>(Month, Day, Year)</small>
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Comment: _____