

**Agency Report of:  
Public Official Appointments**

**A Public Document**

<b>1. Agency Name</b>		California Form <b>806</b> For Official Use Only	
City of Costa Mesa			
Division, Department, or Region (If Applicable)			
Office of the City Manager			
Designated Agency Contact (Name, Title)			
Brenda Green, City Clerk			
Area Code/Phone Number	E-mail	Page <u>1</u> of <u>1</u>	Date Posted:
714-754-5221	brenda.green@costamesaca.gov		<u>02/27/17</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
Costa Mesa Conference and Visitor Bureau	▶ Name <u>Foley, Katrina</u> <small>(Last First)</small>  Alternate, if any _____ <small>(Last First)</small>	▶ <u>01 / 17 / 17</u> <small>Appt Date</small>  ▶ <u>2-Years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>120.00</u>  ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other _____
Transportation Corridor Agency	▶ Name <u>Foley, Katrina</u> <small>(Last First)</small>  Alternate, if any <u>Mansoor, Allan</u> <small>(Last First)</small>	▶ <u>01 / 17 / 17</u> <small>Appt Date</small>  ▶ <u>2-Years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>120.00</u>  ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other _____
Orange County Vector Control District	▶ Name <u>Genis, Sandra</u> <small>(Last First)</small>  Alternate, if any <u>N/A</u> <small>(Last First)</small>	▶ <u>01 / 17 / 17</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"/> Other _____
	▶ Name _____ <small>(Last First)</small>  Alternate, if any _____ <small>(Last First)</small>	▶ _____ / _____ / _____ <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"/> 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.*

	Brenda Green	City Clerk	02/27/17
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

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