Agency Report of:
Public Official Appointments

A Public Document

California Form 806

For Official Use Only

1. Agency Name

City of Lakeport

Division, Department, or Region *(If Applicable)*

Designated Agency Contact *(Name, Title)*

Kelly Buendia, City Clerk

Area Code/Phone Number	E-mail
707-263-5615 x30	kbuendia@cityoflakeport.com

Page 1 of 1

Date Posted: 2/01/2016 *(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	Name: Mattina, Stacey *(Last, First)* Alternate, if any: Scheel, Martin *(Last, First)*	01 / 05 / 16 *Appt Date* 1 *Length of Term*	*Per Meeting:* $ 60.00 *Estimated Annual:* ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ ____ *Other*
Lake County City/Area Planning Council	Name: Scheel, Martin *(Last, First)* Alternate, if any: Spillman, Marc *(Last, First)*	01 / 05 / 16 *Appt Date* 1 year *Length of Term*	*Per Meeting:* $ 50.00 *Estimated Annual:* ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ ____ *Other*
	Name: Mattina, Stacey *(Last, First)* Alternate, if any: ____ *(Last, First)*	01 / 05 / 16 *Appt Date* 1 year *Length of Term*	*Per Meeting:* $ 50.00 *Estimated Annual:* ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ ____ *Other*
	Name: ____ *(Last, First)* Alternate, if any: ____ *(Last, First)*	___ / ___ / ___ *Appt Date* ____ *Length of Term*	*Per Meeting:* $ ____ *Estimated Annual:* ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ ____ *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	Print Name	Title	(Month, Day, Year)
Kelly Buendia	Kelly Buendia	City Clerk	2-1-16

Comment: ____