

# Agency Report of: Public Official Appointments

A Public Document

<b>1. Agency Name</b> Town of Apple Valley			<b>California Form 806</b>
Division, Department, or Region (If Applicable)			For Official Use Only
Designated Agency Contact (Name, Title) La Vonda M-Pearson, Town Clerk			
Area Code/Phone Number 760 240-7000	E-mail townclerk@applevalley.org	Page 1 of 1	Date Posted: <b>01/07/2020</b> <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
Victor Valley Waste Water Reclamation Authority	Name <u>Nassif, Scott</u> <small>(Last, First)</small>  Alternate, if any <u>Bishop, Art</u> <small>(Last, First)</small>	Appt Date <u>12 / 10 / 19</u> <small>Appt Date</small>  Length of Term <u>1 YR</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
Victor Valley Transit Authority	Name <u>Emick, Curt</u> <small>(Last, First)</small>  Alternate, if any <u>Leon, Kari</u> <small>(Last, First)</small>	Appt Date <u>12 / 10 / 19</u> <small>Appt Date</small>  Length of Term <u>1 YR</u> <small>Length of Term</small>	Per Meeting: \$ <u>125.00</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
Mojave Desert Air Quality Management District	Name <u>Leon, Kari</u> <small>(Last, First)</small>  Alternate, if any <u>Emick, Curt</u> <small>(Last, First)</small>	Appt Date <u>12 / 10 / 19</u> <small>Appt Date</small>  Length of Term <u>1 YR</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
San Bernardino Council of Governments	Name <u>Bishop, Art</u> <small>(Last, First)</small>  Alternate, if any <u>Cusack, Larry</u> <small>(Last, First)</small>	Appt Date <u>12 / 10 / 19</u> <small>Appt Date</small>  Length of Term <u>1 YR</u> <small>Length of Term</small>	Per Meeting: \$ <u>200.00</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

## 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.

 Signature of Agency Head or Designee	Douglas B. Robertson Print Name	Town Manager Title	1/6/2020 (Month, Day, Year)
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Comment: \_\_\_\_\_