

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name Town of Apple Valley			California Form 806
Division, Department, or Region (If Applicable)			For Official Use Only
Designated Agency Contact (Name, Title) La Vonda M-Pearson, Town Clerk		Page <u>1</u> of <u>1</u>	Date Posted: 01/19/2023 <small>(Month, Day, Year)</small>
Area Code/Phone Number 760 2240-7000	E-mail townclerk@applevalley.org		

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>	▶ <u>01 / 10 / 23</u> <small>Appt Date</small> <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>	▶ <u>01 / 10 / 23</u> <small>Appt Date</small> <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>	▶ <u>01 / 10 / 23</u> <small>Appt Date</small> <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>	▶ <u>01 / 10 / 23</u> <small>Appt Date</small> <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.

 <small>Signature of Agency Head or Designee</small>	<u>Douglas B. Robertson</u> <small>Print Name</small>	<u>Town Manager</u> <small>Title</small>	<u>1/17/23</u> <small>(Month, Day, Year)</small>
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Comment: _____