

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name		California Form 806	For Official Use Only
City of Santa Barbara			
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title)		Date Posted: 1/29/2016 <small>(Month, Day, Year)</small>	
Matt Fore, Acting City Clerk Services Manager			
Area Code/Phone Number	E-mail	Page <u>1</u> of <u>1</u>	
(805) 564-5310	mfore@santabarbaraca.gov		

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 / 26 / 16</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> </u> <small>Other</small>
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 / 26 / 16</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> </u> <small>Other</small>
	▶ 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"/> _____ <small>Other</small>
	▶ 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"/> _____ <small>Other</small>

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.

	Matt Fore	Acting City Clerk Services Mgr	1/29/2016
<i>Signature of Agency Head or Designee</i>	<i>Print Name</i>	<i>Title</i>	<i>(Month, Day, Year)</i>

Comment: _____