

**Agency Report of:
Public Official Appointments**

RECEIVED OFFICE
CITY California
EL CA Form **806**

1. Agency Name
City of El Cajon

Division, Department, or Region (If Applicable)
City Council

Designated Agency Contact (Name, Title)
Angela L. Aguirre, City Clerk

Area Code/Phone Number
619-441-1763

E-mail
aaguirre@cityofelcajon.us

2018 OCT -4 P 12: 00

For Official Use Only

Date Posted:
10/4/18
(Month, Day, Year)

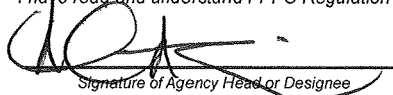
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2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
San Diego Association of Governments (SANDAG) - Board of Directors	Name <u>Wells, Bill</u> <i>(Last, First)</i> Alternate, if any <u>Goble, Steve</u> <i>(Last, First)</i>	<u>1 / 9 / 18</u> <i>Appt Date</i> <u>12 months</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>150.00</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
SANDAG, Public Relations Committee	Name <u>Wells, Bill</u> <i>(Last, First)</i> Alternate, if any <u>N/A</u> <i>(Last, First)</i>	<u>1 / 9 / 18</u> <i>Appt Date</i> <u>12 months</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>100.00</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
Heartland Communications	Name <u>Kendrick, Gary</u> <i>(Last, First)</i> Alternate, if any <u>McClellan, W.E. Bob</u> <i>(Last, First)</i>	<u>1 / 9 / 18</u> <i>Appt Date</i> <u>12 months</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>100.00</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
Heartland Fire Training JPA	Name <u>Kendrick, Gary</u> <i>(Last, First)</i> Alternate, if any <u>Wells, Bill</u> <i>(Last, First)</i>	<u>1 / 9 / 18</u> <i>Appt Date</i> <u>12 months</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>100.00</u> ▶ Estimated Annual: <input checked="" 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 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

Angela L. Aguirre

Print Name

City Clerk

Title

10/4/18

(Month, Day, Year)

Comment: Change Made to METRO - Primary position on 9/25/28

**Agency Report of:
Public Official Appointments
Continuation Sheet**

1. Agency Name
City of El Cajon

Date Posted: 10/4/18
(Month, Day, Year)

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
METRO Commission Wastewater JPA	▶ Name <u>Kendrick, Gary</u> <i>(Last, First)</i> Alternate, if any <u>Goble,, Steve</u> <i>(Last, First)</i>	▶ <u>9 / 25 / 18</u> <i>Appt Date</i> ▶ <u>3 months</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>150.00</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"/> <u> </u> <i>Other</i>
Metropolitan Transit System (MTS) Board	▶ Name <u>McClellan, W.E. Bob</u> <i>(Last, First)</i> Alternate, if any <u>Goble, Steve</u> <i>(Last, First)</i>	▶ <u>1 / 9 / 18</u> <i>Appt Date</i> ▶ <u>12 monts</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>150.00</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"/> <u> </u> <i>Other</i>
	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u> / /</u> <i>Appt Date</i> ▶ _____ <i>Length of Term</i>	▶ 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"/> <u> </u> <i>Other</i>
	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u> / /</u> <i>Appt Date</i> ▶ _____ <i>Length of Term</i>	▶ 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"/> <u> </u> <i>Other</i>
	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u> / /</u> <i>Appt Date</i> ▶ _____ <i>Length of Term</i>	▶ 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"/> <u> </u> <i>Other</i>
	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u> / /</u> <i>Appt Date</i> ▶ _____ <i>Length of Term</i>	▶ 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"/> <u> </u> <i>Other</i>