

**Agency Report of:
Public Official Appointments**

A Public Document

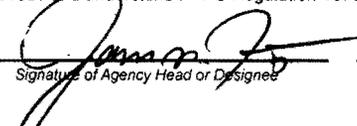
1. Agency Name		California Form 806 <small>For Official Use Only</small>	
City of Santa Paula			
Division, Department, or Region <i>(If Applicable)</i>			
City Council			
Designated Agency Contact <i>(Name, Title)</i>		Page <u>1</u> of <u>1</u>	Date Posted: <u>6/22/12</u> <small>(Month, Day, Year)</small>
Area Code/Phone Number 805-933-4200	E-mail jfontes@spcity.org		

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Ventura County Regional Sanitation District	▶ Name <u>Gonzales, Robert S.</u> <small>(Last, First)</small> Alternate, if any <u>Cook, Richard C.</u> <small>(Last, First)</small>	▶ <u>02 / 06 / 12</u> <small>Appt Date</small> ▶ <u>One Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>186.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>\$4,092.00</u> <small>Other</small>
	▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u> / / </u> <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>	▶ <u> / / </u> <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>	▶ <u> / / </u> <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.

 <small>Signature of Agency Head or Designee</small>	<u>Jaime M. Fontes</u> <small>Print Name</small>	<u>City Manager</u> <small>Title</small>	<u>06/20/12</u> <small>(Month, Day, Year)</small>
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Comment: _____