

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name City of Pacific Grove		California Form 806 For Official Use Only	
Division, Department, or Region (If Applicable) Office of the City Clerk			
Designated Agency Contact (Name, Title) Sandra Kandell, City Clerk			
Area Code/Phone Number 831-648-3181	E-mail cityclerk@cityofpacificgrove.org	Page <u>1</u> of <u>1</u>	Date Posted: <u>2/25/19</u> <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
Monterey Regional Water Pollution Control Agency	Name <u>Peake, Bill</u> <small>(Last, First)</small> Alternate, if any <u>Smith, Nick</u> <small>(Last, First)</small>	<u>12 / 5 / 18</u> <small>Appt Date</small> <u>2</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 checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>+mileage</u> <small>Other</small>
Monterey-Salinas Transit	Name <u>Amelio, Joe</u> <small>(Last, First)</small> Alternate, if any <u>Huitt, Robert</u> <small>(Last, First)</small>	<u>12 / 5 / 18</u> <small>Appt Date</small> <u>2</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 checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u>
Transportation Agency for Monterey County	Name <u>Huitt, Robert</u> <small>(Last, First)</small> Alternate, if any <u>Smith, Nick</u> <small>(Last, First)</small>	<u>12 / 5 / 18</u> <small>Appt Date</small> <u>2</u> <small>Length of Term</small>	Per Meeting: \$ <u>50</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"/> <u>Other</u>
	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"/> <u>Other</u>

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.

	Sandra Kandell	City Clerk	2/25/19
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____