

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name City of Lancaster		JUL18'12-CLERKPM02:11 Page <u>1</u> of <u>1</u>	California Form 806 For Official Use Only
Division, Department, or Region (If Applicable)			Date Posted: <u>07/18/2012</u> (Month, Day, Year)
Designated Agency Contact (Name, Title) Gerri K. Bryan, City Clerk			
Area Code/Phone Number 661/723-6020	E-mail gbryan@cityoflancasterca.org		

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Antelope Valley Air Quality Management District (AVAQMD)	▶ Name <u>Crist, Marvin</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>06 / 12 / 12</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 checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ <small>Other</small>
Antelope Valley Air Quality Management District (AVAQMD)	▶ Name <u>Mann, Ken</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>06 / 12 / 12</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 checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ <small>Other</small>
Sanitation District #14	▶ Name <u>Parris, R. Rex</u> <small>(Last, First)</small> Alternate, if any <u>Mann, Ken</u> <small>(Last, First)</small>	▶ <u>06 / 12 / 12</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>125</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"/> _____ <small>Other</small>
Southern California Association of Governments Regional Council (SCAG)	▶ Name <u>Smith, Ron</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>06 / 12 / 12</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>120</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"/> _____ <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>	Gerri K. Bryan <small>Print Name</small>	City Clerk <small>Title</small>	07/18/2012 <small>(Month, Day, Year)</small>
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Comment: _____