## Agency Report of:

Comment:\_\_\_

Public Official Appointments			<del>3</del> )	A Public Document			
1.	Agency Name				California 806		
	City of Carlsbad		RECEIV	RECEIVED			
	Division, Department, or Region (If Applicable)				For Official Use Only		
	Office of the City Clerk		JAN 09 2	2019	a <sup>*</sup>		
	Designated Agency Contact (Name, Title)		CITY OF CARL	00			
	Sheila Cobian		CTY CLERK'S	OFFIGE	Date Posted:		
	Area Code/Phone Number	E-mail	Page 1 c		1/9/2019		
	760-434-2808	sheila.cobian@carlsbadca.gov	rage	"	(Month, Day, Year)		
2.	Appointments						
	Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend			
	Encina Wastewater Authority/Joint Powers (JAC)	Blackburn, Keith/Hamilton, Barbara Name (Last, First)  Alternate, if any (Last, First)	Appt Date  One year  Length of Term	▶ Per Meeting:       \$			
	San Diego Association of Governments Board	Schumacher, Cori  (Last, First)  Alternate, if any Hamilton, B./Bhat-Patel, P.  (Last, First)	one year Length of Term	► Per Med  ► Estimat  □ \$0-\$1,	ned Annual:		
	North County Dispatch Joint Powers Authority	Blackburn, Keith  Name  (Last, First)  Hamilton, Barbara  Alternate, if any  (Last, First)	O1 / 08 / 19  Appt Date  One year  Length of Term				
	North County Transit District	Bhat-Patel, Priya  Name  (Last, First)  Hamilton, Barbara  Alternate, if any  (Last, First)	O1 / 08 / 19  Appt Date  One year  Length of Term	▶ Per Med  ▶ Estimat  ☒ \$0-\$1,  ☐ \$1,000	ed Annual: ,000		
	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.						
	Sheila Cobian		City Clerk Services Manager 1/9/20		er 1/9/2019		
	Signature of Agency Head or Designe	e Print Name	Title		(Month, Day, Year)		

## Agency Report of: Public Official Appointments Continuation Sheet



C	ontinuation Sheet	A Public Documen						
1.	Agency Name City of Carlsbad			Date Posted:				
2.	Appointments							
	Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend				
	San Diego County Water Authority	Hall, Matt  Name		► Per Meeting: \$150  ► Estimated Annual:  □ \$0-\$1,000 □ \$2,001-\$3,000  ■ \$1,001-\$2,000 □				
		▶Name(Last, First)  Alternate, if any(Last, First)	Appt Date  Length of Term	▶ Per Meeting: \$         ▶ Estimated Annual:         □ \$0-\$1,000       □ \$2,001-\$3,000         □ \$1,001-\$2,000       □         Other       **				
		Name(Last, First)  Alternate, if any(Last, First)	Appt Date  Length of Term	▶ Per Meeting: \$				
		Name(Last, First)  Alternate, if any(Last, First)	Appt Date  Length of Term	▶ Per Meeting: \$				
		Name	Appt Date  Length of Term	▶ Per Meeting: \$				
		▶Name(Last, First)		Per Meeting: \$				

(Last, First)

Alternate, if any \_

\$1,001-\$2,000

\$2,001-\$3,000

\$0-\$1,000

Length of Term