

# Attachment 3

## Agency Report of: Public Official Appointments

A Public Document

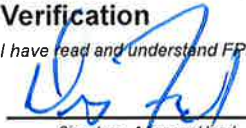
<b>1. Agency Name</b> City of Paso Robles		<b>California Form 806</b> <small>For Official Use Only</small>
<b>Division, Department, or Region (If Applicable)</b> City Manager's Office		
<b>Designated Agency Contact (Name, Title)</b> Dennis Fansler, City Clerk		
<b>Area Code/Phone Number</b> (805) 237-3888	<b>E-mail</b> dfansler@prcity.com	Page <u>1</u> of <u>1</u>
		<b>Date Posted:</b>  <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
San Luis Obispo Council of Governments	▶ Name <u>Strong, Fred</u> <small>(Last, First)</small>  Alternate, if any <u>Martin, Steven W.</u> <small>(Last, First)</small>	▶ <u>1 / 04 / 12</u> <small>Appt Date</small>  ▶ <u>open</u> <small>Length of Term</small>	▶ 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"/> <u>Other</u>
Air Pollution Control District	▶ Name <u>Hamon, John</u> <small>(Last, First)</small>  Alternate, if any <u>Gregory, Steve</u> <small>(Last, First)</small>	▶ <u>1 / / 07</u> <small>Appt Date</small>  ▶ <u>open</u> <small>Length of Term</small>	▶ 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"/> <u>Other</u>
California Joint Powers Insurance Authority	▶ Name <u>Martin, Steven W.</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 06 / 15</u> <small>Appt Date</small>  ▶ <u>open</u> <small>Length of Term</small>	▶ 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"/> <u>Other</u>
Integrated Waste Management Authority	▶ Name <u>Hamon, John</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / / 06</u> <small>Appt Date</small>  ▶ <u>open</u> <small>Length of Term</small>	▶ 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"/> <u>Other</u>

## 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>	Dennis Fansler _____ <small>Print Name</small>	City Clerk _____ <small>Title</small>	<u>03/11/2015</u> <small>(Month, Day, Year)</small>
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Comment: \_\_\_\_\_