

**Agency Report of:  
Public Official Appointments**

**A Public Document**

<b>1. Agency Name</b> CITY OF ARROYO GRANDE		<b>California Form 806</b>	For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) Kelly Wetmore, City Clerk			
Area Code/Phone Number 805-473-5400	E-mail kwetmore@arroyogrande.org	Page <u>1</u> of <u>2</u>	Date Posted: <u>12/21/2020</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
Air Pollution Control District	▶ Name <u>Paulding, Jimmy</u> <small>(Last, First)</small>  Alternate, if any <u>Storton, Keith</u> <small>(Last, First)</small>	▶ <u>12 / 08 / 20</u> <small>Appt Date</small>  ▶ <u>2 years</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"/> Other
California Joint Powers Insurance Authority	▶ Name <u>Ray Russom, Caren</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 08 / 20</u> <small>Appt Date</small>  ▶ <u>2 years</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"/> Other
Integrated Waste Management Authority	▶ Name <u>Storton, Keith</u> <small>(Last, First)</small>  Alternate, if any <u>Barneich, Kristen</u> <small>(Last, First)</small>	▶ <u>12 / 08 / 20</u> <small>Appt Date</small>  ▶ <u>2 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</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"/> Other
San Luis Obispo Council of Governments/Regional Transit Authority	▶ Name <u>Paulding, Jimmy</u> <small>(Last, First)</small>  Alternate, if any <u>Storton, Keith</u> <small>(Last, First)</small>	▶ <u>12 / 08 / 20</u> <small>Appt Date</small>  ▶ <u>2 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</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"/> Other

**3. Verification**

*I have read and understand FRPC Regulation 18702.5. I have verified that the appointment and information identified above is true to the best of my information and belief.*

	Kelly Wetmore	City Clerk	12/21/20
	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: \_\_\_\_\_

**Agency Report of:  
Public Official Appointments  
Continuation Sheet**

<b>1. Agency Name</b> CITY OF ARROYO GRANDE	<b>Date Posted:</b> <u>12/21/2020</u> <small>(Month, Day, Year)</small>
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**2. Appointments**

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
South San Luis Obispo County Sanitation District	▶ Name <u>Ray Russom, Caren</u> <small>(Last, First)</small>  Alternate, if any <u>George, Lan</u> <small>(Last, First)</small>	▶ <u>12 / 21 / 20</u> <small>Appt Date</small>  ▶ <u>2 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</u>  ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
	▶ 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"/> Other
	▶ 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"/> Other
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	▶ 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"/> Other