Agency Report of:
Public Official Appointments

A Public Document

California Form 806
For Official Use Only

1. Agency Name

City of Solvang

Division, Department, or Region *(If Applicable)*

Designated Agency Contact *(Name, Title)*

Mary Ellen Rio, City Clerk

Area Code/Phone Number: 805 688-5575

E-mail: maryellenr@cityofsolvang.com

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Date Posted: 6/3/2013 *(Month, Day, Year)*

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Santa Barbara County Association of Governments	Name: Richardson, Jim (Last, First) Alternate, if any: Skytt, Edwin (Last, First)	Appt Date: 12 / 10 / 13 Length of Term: 1 year	Per Meeting: $ 100.00 Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☒ $1,001-$2,000 ☐ ____ Other
NJorth County Subregional Planning Committee	Name: Richardson, Jim (Last, First) Alternate, if any: ____ (Last, First)	Appt Date: 12 / / 12 Length of Term: 1 year	Per Meeting: $ 100.00 Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☒ $1,001-$2,000 ☐ ____ Other
Director CalVans Board	Name: Richardson, Jim (Last, First) Alternate, if any: Wolfe, Janet (Last, First)	Appt Date: 1 / / 13 Length of Term: 1 year	Per Meeting: $ 100.00 Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☒ $1,001-$2,000 ☐ ____ Other
LAFCO	Name: Richardson (Last, First) Alternate, if any: ____ (Last, First)	Appt Date: 1 / / 13 Length of Term: 4 years	Per Meeting: $ 150.00 Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☒ $1,001-$2,000 ☐ ____ Other

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.

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	Brad Vidro	City Manager	6/3/13

Comment: ____