# Agency Report of:
# Public Official Appointments

**A Public Document**

**California Form 806**
For Official Use Only

## 1. Agency Name

City of Chula Vista

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

**Designated Agency Contact** *(Name, Title)*

Donna Norris, City Clerk

| Area Code/Phone Number | E-mail |
|---|---|
| 619-691-5041 | dnorris@chulavistaca.gov |

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**Date Posted:** 01-10-2014 *(Month, Day, Year)*

## 2. Appointments

| Agency Boards and Commissions | Name of Appointed Person | Appt Date and Length of Term | Per Meeting/Annual Salary/Stipend |
|---|---|---|---|
| SANDAG Board of Directors | Name: Cox, Cheryl (Last, First)<br>Alternate, if any: Bensoussan, Pamela (Last, First)<br>Ramirez, Rudy (2nd alt) | Appt Date: 12 / 17 / 13<br>Length of Term: 1 year | Per Meeting: $ 150<br>Estimated Annual:<br>☐ $0-$1,000 ☐ $2,001-$3,000<br>☐ $1,001-$2,000 ☒ 3,600 Other |
| Metropolitan Wastewater Commission | Name: Cox, Cheryl (Last, First)<br>Alternate, if any: Ramirez, Rudy (Last, First) | Appt Date: 01 / 07 / 14<br>Length of Term: 1 year | Per Meeting: $ 150<br>Estimated Annual:<br>☐ $0-$1,000 ☐ $2,001-$3,000<br>☒ $1,001-$2,000 ☐ Other |
| Metropolitan Transit System Board of Directors | Name: Salas, Mary (Last, First)<br>Alternate, if any: Ramirez, Rudy (Last, First) | Appt Date: 01 / 07 / 14<br>Length of Term: 1 year | Per Meeting: $ 150<br>Estimated Annual:<br>☐ $0-$1,000 ☐ $2,001-$3,000<br>☒ $1,001-$2,000 ☐ Other |
| | Name: (Last, First)<br>Alternate, if any: (Last, First) | Appt Date: / /<br>Length of Term: | Per Meeting: $<br>Estimated Annual:<br>☐ $0-$1,000 ☐ $2,001-$3,000<br>☐ $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) |
|---|---|---|---|
| Donna R. Norris | Donna R Norris | City Clerk | 1-10-14 |

Comment: