

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name CITY OF NATIONAL CITY			California Form 806 For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) Michael R. Dalla			
Area Code/Phone Number 619 336 4228	E-mail	Page <u>1</u> of <u>2</u>	Date Posted: 02-08-2017 <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
MTS Metropolitan Transit System	▶ Name <u>Rios, Mona</u> <small>(Last, First)</small> Alternate, if any <u>Sotelo-Solis, Alejandra</u> <small>(Last, First)</small>	▶ <u>01 / 20 / 15</u> <small>Appt Date</small> ▶ no set term <small>Length of Term</small>	▶ Per Meeting: \$ <u>150.00</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
Metropolitan Waste Water JPA	▶ Name <u>Cano, Jerry</u> <small>(Last, First)</small> Alternate, if any <u>Mendivil, Albert</u> <small>(Last, First)</small>	▶ <u>01 / 20 / 15</u> <small>Appt Date</small> ▶ no set term <small>Length of Term</small>	▶ Per Meeting: \$ <u>150.00</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
Sweetwater Water Authority	▶ Name <u>Van Deventer, Jess</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 20 / 15</u> <small>Appt Date</small> ▶ 4 years <small>Length of Term</small>	▶ Per Meeting: \$ <u>150.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>7650.00</u> <small>Other</small>
Sweetwater Water Authority	▶ Name <u>Morrison, Ron</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 20 / 15</u> <small>Appt Date</small> ▶ 4 years <small>Length of Term</small>	▶ Per Meeting: \$ <u>150.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>9450.00</u> <small>Other</small>

3. 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.

Michael R. Dalla
Signature of Agency Head or Designee

Michael R. Dalla
Print Name

City Clerk
Title

02-06-17
(Month, Day, Year)

Comment: _____

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

1. Agency Name CITY OF NATIONAL CITY	Date Posted: <u>02-08-2017</u> <i>(Month, Day, Year)</i>
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Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
San Diego County Water Authority	▶ Name <u>Morrison, Ron</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>02 / 20 / 15</u> <i>Appt Date</i> <u>6 years</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>150.00</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
Regional Solid Waste Association	▶ Name <u>Morrison, Ron</u> <i>(Last, First)</i> Alternate, if any <u>Cano, Jerry</u> <i>(Last, First)</i>	▶ <u>01 / 20 / 15</u> <i>Appt Date</i> <u>No set term</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>150.00</u> ▶ 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
SANDAG Board of Directors	▶ Name <u>Morrison, Ron</u> <i>(Last, First)</i> Alternate, if any <u>Sotelo-Solis, Alejandra</u> <i>(Last, First)</i>	▶ <u>01 / 20 / 15</u> <i>Appt Date</i> <u>No set term</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>150.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>6950.00</u> <i>Other</i>
SANDAG Public Safety Committee	▶ Name <u>Sotelo-Solis, Alejandra</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>01 / 20 / 15</u> <i>Appt Date</i> _____ <i>Length of Term</i>	▶ 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
	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ _____ <i>Appt Date</i> _____ <i>Length of Term</i>	▶ 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 _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ _____ <i>Appt Date</i> _____ <i>Length of Term</i>	▶ 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