

**Agency Report of:
Public Official Appointments**

A Public Document

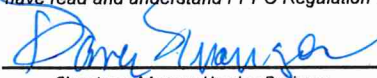
1. Agency Name CITY OF MORRO BAY			California Form 806
Division, Department, or Region (If Applicable)			For Official Use Only
Designated Agency Contact (Name, Title) Dana Swanson			Date Posted: 01/18/2023
Area Code/Phone Number (805) 772-6205	E-mail dswanson@morrobayca.gov	Page 1 of 1	(Month, Day, Year)

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/Regional Transit Authority (SLOCOG/RTA)	▶ Name <u>Wixom, Carla</u> <small>(Last, First)</small> Alternate, if any <u>Landrum, Zara</u> <small>(Last, First)</small>	▶ <u>01 / 10 / 23</u> <small>Appt Date</small> ▶ <u>one year</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"/> <u> </u> Other
Air Pollution Control District	▶ Name <u>Wixom, Carla</u> <small>(Last, First)</small> Alternate, if any <u>Edwards, Cyndee</u> <small>(Last, First)</small>	▶ <u>01 / 10 / 23</u> <small>Appt Date</small> ▶ <u>one year</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> </u> Other
Integrated Waste Management Authority	▶ Name <u>Barton, Laurel</u> <small>(Last, First)</small> Alternate, if any <u>Edwards, Cyndee</u> <small>(Last, First)</small>	▶ <u>01 / 10 / 23</u> <small>Appt Date</small> ▶ <u>one year</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"/> <u> </u> Other
California Joint Powers Insurance Authority	▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Appt Date</small> ▶ <u>two 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"/> <u> </u> Other

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.

 <small>Signature of Agency Head or Designee</small>	Dana Swanson <small>Print Name</small>	City Clerk <small>Title</small>	01/18/2023 <small>(Month, Day, Year)</small>
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Comment: _____