Agency Report of:
Public Official Appointments

A Public Document

California Form 806

For Official Use Only

1. Agency Name

City of Buellton

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

Designated Agency Contact *(Name, Title)*

Linda Reid, City Clerk

Area Code/Phone Number	E-mail
805-688-5177	lindar@cityofbuellton.com

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Date Posted: 7/11/16 *(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 (SBCAG)	Name: Sierra, Holly *(Last, First)* Alternate, if any: Andrisek, Ed *(Last, First)*	Appt Date: 12 / 10 / 15 Length of Term: 1 year	Per Meeting: $ 100.00 Estimated Annual: ☐ $0-$1,000 ☒ $2,001-$3,000 ☐ $1,001-$2,000 ☐ ____ Other
	Name: ____ *(Last, First)* Alternate, if any: ____ *(Last, First)*	Appt Date: ___/___/___ Length of Term: ____	Per Meeting: $ ____ Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ ____ Other
	Name: ____ *(Last, First)* Alternate, if any: ____ *(Last, First)*	Appt Date: ___/___/___ Length of Term: ____	Per Meeting: $ ____ Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ ____ Other
	Name: ____ *(Last, First)* Alternate, if any: ____ *(Last, First)*	Appt Date: ___/___/___ Length of Term: ____	Per Meeting: $ ____ Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ ____ 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.

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Marc Bierdzinski	Marc Bierdzinski	City Manager	7/11/16

Comment: ____