

**Agency Report of:  
Public Official Appointments**

**A Public Document**

<b>1. Agency Name</b> County of San Diego		California Form <b>806</b> <small>For Official Use Only</small>	
<b>Division, Department, or Region (If Applicable)</b> City Selection Committee			
<b>Designated Agency Contact (Name, Title)</b> Grace Andoh, Clerk of the Board Program Manager			
<b>Area Code/Phone Number</b> (619) 531-4870	<b>E-mail</b> Grace.Andoh@sdcounty.ca.gov	<b>Date Posted:</b> 11/18/19 <small>(Month, Day, Year)</small>	Page <u>1</u> of <u>1</u>

**2. Appointments**

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Local Agency Formation Commission (LAFCO)	▶ Name _____ <small>(Last, First)</small>  Alternate, if any <u>Dedina, Serge</u> <small>(Last, First)</small>	▶ <u>02 / 11 / 19</u> <small>Appt Date</small>  ▶ <u>05/06/2019</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ 100.00  ▶ 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
Local Agency Formation Commission (LAFCO)	▶ Name <u>Salas, Mary Casillas</u> <small>(Last, First)</small>  Alternate, if any <u>None</u> <small>(Last, First)</small>	▶ <u>05 / 14 / 19</u> <small>Appt Date</small>  ▶ <u>05/01/2023</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ 100.00  ▶ 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
Local Agency Formation Commission (LAFCO)	▶ Name _____ <small>(Last, First)</small>  Alternate, if any <u>McNamara, Paul</u> <small>(Last, First)</small>	▶ <u>08 / 12 / 19</u> <small>Appt Date</small>  ▶ <u>05/01/2023</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ 100.00  ▶ 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
	▶ Name _____ <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Appt Date</small>  ▶ _____ <small>Length of Term</small>	▶ 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

**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>	Grace Andoh _____ <small>Print Name</small>	Program Manager _____ <small>Title</small>	11/18/19 _____ <small>(Month, Day, Year)</small>
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Comment: Mary Casillas Salas was 2/11/19 with an effective date of 5/14/19.