

# Agency Report of: Public Official Appointments

A Public Document

## 1. Agency Name

CITY OF MORRO BAY

Division, Department, or Region (If Applicable)

Designated Agency Contact (Name, Title)

Dana Swanson

Area Code/Phone Number

(805) 772-6205

E-mail

dswanson@morrobayca.gov

California Form **806**

For Official Use Only

Date Posted:

01/21/2022

(Month, Day, Year)

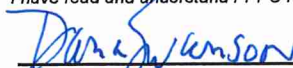
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## 2. Appointments

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)	<p>▶ Name <u>Headding, John</u> <small>(Last, First)</small></p> <p>Alternate, if any <u>Addis, Dawn</u> <small>(Last, First)</small></p>	<p>▶ <u>01 / 11 / 22</u> <small>Appt Date</small></p> <p>▶ <u>one year</u> <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>100.00</u></p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000    <input type="checkbox"/> \$2,001-\$3,000</p> <p><input checked="" type="checkbox"/> \$1,001-\$2,000    <input type="checkbox"/> <u>Other</u></p>
Air Pollution Control District	<p>▶ Name <u>Headding, John</u> <small>(Last, First)</small></p> <p>Alternate, if any <u>Ford, Jennifer</u> <small>(Last, First)</small></p>	<p>▶ <u>01 / 11 / 22</u> <small>Appt Date</small></p> <p>▶ <u>one year</u> <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>100.00</u></p> <p>▶ Estimated Annual:</p> <p><input checked="" type="checkbox"/> \$0-\$1,000    <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000    <input type="checkbox"/> <u>Other</u></p>
Integrated Waste Management Authority	<p>▶ Name <u>Heller, Jeff</u> <small>(Last, First)</small></p> <p>Alternate, if any <u>Addis, Dawn</u> <small>(Last, First)</small></p>	<p>▶ <u>01 / 11 / 22</u> <small>Appt Date</small></p> <p>▶ <u>one year</u> <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>100.00</u></p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000    <input type="checkbox"/> \$2,001-\$3,000</p> <p><input checked="" type="checkbox"/> \$1,001-\$2,000    <input type="checkbox"/> <u>Other</u></p>
California Joint Powers Insurance Authority	<p>▶ Name <u>Headding, John</u> <small>(Last, First)</small></p> <p>Alternate, if any _____ <small>(Last, First)</small></p>	<p>▶ <u>01 / 12 / 21</u> <small>Appt Date</small></p> <p>▶ <u>two years</u> <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>100.00</u></p> <p>▶ Estimated Annual:</p> <p><input checked="" type="checkbox"/> \$0-\$1,000    <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000    <input type="checkbox"/> <u>Other</u></p>

## 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

Dana Swanson  
Print Name

City Clerk  
Title

01/21/2022  
(Month, Day, Year)

Comment: \_\_\_\_\_