Agency Report of: Public Official Appointments 1. Agency Name

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City of Calabasas Division, Department, or Region (if Applicable) Designated Agency Contact (Name, Tible) Marcicella Hernandez, MMC, CPMC Area Code/Phone Number (18-24-1681) Appointments Appointments Appointments Appointments Appointments Appointments Appointments Association Appointments Association Name of Appointed Person California Contract Cities Association Name of Appointed Person Alternate, if any	_							
Date Posted: Date Posted:	١.	Agency Name						
Designated Agency Contact (Name, Title) Maricela Hernandez, MMC, CPMC Area Code/Phone Number E-mail mhernandez@cityofcalabasas.com Page 1 of 2 8/17/19 8/17/		City of Calabasas					101111	
Maricela Hernandez, MMC, CPMC Area Code/Phone Number 818-224-1861 Page 1 of 2 877/19 R7/19		Division, Department, or Reg	Division, Department, or Region (If Applicable)				For Official Ose Offiy	
Maricela Hernandez, MMC, CPMC Area Code/Phone Number 818-224-1861 Appointments Appointments Agency Boards and Commissions Name of Appointed Person Appointments Agency Boards and Commissions Name of Appointed Person Alternate, if any								
Maricela Hernandez, MMC, CPMC Area Code/Phone Number 818-224-1861 Page 1 of 2 877/19 R7/19		Designated Agency Contact ((Name. Title)					
Page 1 of 2 String Strin								
### Appointments Appointments							Date Posted:	
Appointments Ap					Page 1 of	2	8/7/19	
Agency Boards and Commissions California Contract Cities Association Name James R. Bozajian		818-224-1001	mnernandez@cityorcalabasas.com				(Month, Day, Year)	
California Contract Cities Association Name James R. Bozajjan	2.	Appointments						
Association Name James R. Bozajian			Name of Appointed Person			Per Me	eting/Annual Salary/Stipend	
Alternate, if any		California Contract Cities					250.00	
Alternate, if any			James R. Bozajian		1 / 23 / 19	▶ Per Me	eeting: \$	
Alternate, if any			(Last, First)			▶ Estima	ted Annual:	
California Joint Powers Authority Name James R. Bozajian Name N								
California Joint Powers Authority Name James R. Bozajian			Alternate, if any(Last, First)	· • —	Length of Term			
Autionly Name						\$1,00	01-\$2,000	
Autionly Name				+				
Autionly Name		California Joint Powers	Lance B. Barrellon			N Don Ma	100.00	
Alternate, if any			James R. Bozajian Name		. '''		earing: \$ ————	
Los Angeles County West Vector & Vector-Borne Disease Control District Name James R. Bozajjan Name				Appt Date	Appt Date	▶ Estima	ted Annual:	
Los Angeles County West Vector & Vector-Borne Disease Control District Name James R. Bozajjan Name					× \$0-\$1	,000		
Los Angeles County West Vector & Vector-Borne Disease Control District Name James R. Bozajian Name Length of Term So.\$1,000 \$2,001-\$3,000 \$2,001-\$3,000 \$3,001 \$1,001-\$2,000 \$1,001-\$2,000 \$2,001-\$3,000 \$2,001-\$3,000 \$2,001-\$3,000 \$2,001-\$3,000 \$3,001 \$1,001-\$2,000 \$2,001-\$3,000 \$2,001-\$3,000 \$2,001-\$3,000 \$3,001 \$1,001-\$2,000 \$3,001 \$1,001-\$2,000 \$3,001 \$1,001-\$2,000 \$3,001 \$1,001-\$2,000 \$3,001 \$1,001-\$2,000 \$3,001 \$1,001-\$2,000 \$3,001 \$1,001-\$2,000 \$3,001 \$1,001-\$2,000 \$3,001 \$1,001-\$2,000 \$3,001 \$1,001-\$2,000 \$3,001-\$3,001-\$3,000 \$3			(Last, First)		Length of Term		na \$2,000	
Vector & Vector-Borne Disease Control District Name						 \$1,00	Other	
Vector & Vector-Borne Disease Control District Name				+				
Disease Control District Alternate, if any David J. Shapiro Name David J. Shapiro Name David J. Shapiro Name Alternate, if any Appt Date Per Meeting: \$ 120.00 Estimated Annual: Appt Date Per Meeting: \$ Estimated Annual: So-\$1,000			James R. Bozaijan		1 / 28 / 18			
Alternate, if any Alternate, if any Alternate, if any Alternate, if any David J. Shapiro Name Name David J. Shapiro Name Name Name Name David J. Shapiro Name Na			Name (Last, First)	^ _		▶ Per Me	eeting: \$ ————	
Southern California Association of Governments (SCAG) - Regional Council Alternate, if any Alternate, if any David J. Shapiro		Disease Control District				▶ Estima	ted Annual:	
Southern California Association of Governments (SCAG) - Regional Council Alternate, if any			Alternate, if any		Length of Term	X \$0-\$1	,000	
Southern California Association of Governments (SCAG) - Regional Council Alternate, if any Alternate, if any David J. Shapiro			(200, 770)		Lengar or Term			
Association of Governments (SCAG) - Regional Council Alternate, if any						 \$1,00		
Association of Governments (SCAG) - Regional Council Alternate, if any		Southern California	I ▶Name			N. 50 - 41	120.00	
Regional Council Alternate, if any Alternate, if any (Last, First) Two years Length of Term Signature of Agency Head or Designee Alternate, if any Alternate, if any (Last, First) Two years Length of Term Signature of Agency Head or Designee Print Name Two years Signature of Agency Head or Designee Estimated Annual: Signature of Annual: Signature of Agency Head or Designee Alternate, if any Maricela Hernandez, MMC City Clerk 8/6/19 Title (Month, Day, Year)					/	r Per Me	eung: Ф ————	
Alternate, if any					<i>Арр</i>	▶ Estima	ted Annual:	
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. Maricela Hernandez, MMC City Clerk 8/6/19 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)		Regional Council	Alternate, if any	. •	Two years	\$0-\$1	,000	
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. Maricela Hernandez, MMC City Clerk 8/6/19 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)			(Last, First)		Length of Term		n1-\$2 000	
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. Maricela Hernandez, MMC City Clerk 8/6/19 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)						 \$1,00		
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. Maricela Hernandez, MMC City Clerk 8/6/19 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)	_	Varification						
Maricela Hernandez, MMC City Clerk 8/6/19 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)	•							
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)			2				-	
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	Comment:							

Agency Report of: Public Official Appointments Continuation Sheet



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1.	Agency Name City of Calabasas			Date Posted: 8/7/19 (Month, Day, Year)		
2.	Appointments	·				
	Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend		
,	Southern California Association of Governments (SCAG) - Transportation Committee	Alicia Weintraub (Last, First) Alternate, if any(Last, First)	•	▶ Per Meeting: \$		
	Southern California Association of Governments (SCAG) - Community, Economic & Human Development Committee	▶Name David J. Shapiro (Last, First) Alternate, if any (Last, First)	• 01 / 23 / 19 Appt Date One year Length of Term	▶ Per Meeting: \$		
		►Name(Last, First) Alternate, if any(Last, First)	▶// Appt Date ▶ Length of Term	▶ Per Meeting: \$		
		Name(Last, First) Alternate, if any(Last, First)	▶/	▶ Per Meeting: \$ ▶ Estimated Annual: □ \$0-\$1,000 □ \$2,001-\$3,000 □ \$1,001-\$2,000 □ Other		
		Name(Last, First) Alternate, if any(Last, First)	▶//	▶ Per Meeting: \$		
		Name(Last, First) Alternate, if any(Last, First)	▶/	▶ Per Meeting: \$		