

**Agency Report of:
Public Official Appointments**

A Public Document


1. Agency Name City of Canyon Lake			California Form 806
Division, Department, or Region (If Applicable) City Clerk's Office			For Official Use Only
Designated Agency Contact (Name, Title) Sheryl Garcia, City Clerk			
Area Code/Phone Number 951-244-8547	E-mail sgarcia@canyonlakeca.gov	Page 1 of 2	Date Posted: 12/14/2023 <small>(Month, Day, Year)</small>

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
NORTHWEST MOSQUITO & VECTOR CONTROL	▶ Name <u>Welty, Dale</u> <small>(Last, First)</small> Alternate, if any <u>Smith, Jeremy</u> <small>(Last, First)</small>	▶ <u>12 / 13 / 23</u> <small>Appt Date</small> ▶ <u>1 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"/> Other
RIVERSIDE COUNTY TRANSPORTATION COMMISSION (RCTC)	▶ Name <u>Smith, Jeremy</u> <small>(Last, First)</small> Alternate, if any <u>Dain, Jennifer</u> <small>(Last, First)</small>	▶ <u>12 / 13 / 23</u> <small>Appt Date</small> ▶ <u>1 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"/> Other
RIVERSIDE TRANSIT AGENCY (RTA)	▶ Name <u>Smith, Jeremy</u> <small>(Last, First)</small> Alternate, if any <u>Welty, Dale</u> <small>(Last, First)</small>	▶ <u>12 / 13 / 23</u> <small>Appt Date</small> ▶ <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150.00</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"/> Other
SOUTHERN CALIFORNIA ASSOCIATION OF GOVERNMENTS (SCAG) TRANSPORTATION COMMITTEE	▶ Name <u>Smith, Jeremy</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 13 / 23</u> <small>Appt Date</small> ▶ <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>120.00</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"/> 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.

	Sheryl Garcia	City Clerk	12/14/2023
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: _____

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Area Code/Phone Number 951-244-8547	E-mail sgarcia@canyonlakeca.gov	Page <u>2</u> of <u>2</u>	

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
WESTERN RIVERSIDE COUNCIL OF GOVERNMENTS (WRCOG) - EXECUTIVE COMMITTEE	▶ Name <u>Terry, Mark</u> <small>(Last, First)</small> Alternate, if any <u>Welty, Dale</u> <small>(Last, First)</small>	▶ <u>12 / 13 / 23</u> <small>Appt Date</small> ▶ <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150.00</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"/> Other
WESTERN RIVERSIDE COUNTY - REGIONAL CONSERVATION AUTHORITY (RCA)	▶ Name <u>Terry, Mark</u> <small>(Last, First)</small> Alternate, if any <u>Welty, Dale</u> <small>(Last, First)</small>	▶ <u>12 / 13 / 23</u> <small>Appt Date</small> ▶ <u>1 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"/> 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
	▶ 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>	Sheryl Garcia _____ <small>Print Name</small>	City Clerk _____ <small>Title</small>	12/14/2023 _____ <small>(Month, Day, Year)</small>
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Comment: _____

Print
Clear