## Agency Report of: Public Official Appointments 1. Agency Name

## **A Public Document**

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1.	Agency Name City of Port Hueneme					California 806
				ļ		For Official Use Only
	Division, Department, or Reg	ноп (п Аррисавіе)				
	Designated Agency Contact (Name, Title)					
	Michelle Ascencion, City Clerk		Date Posted:			
	Area Code/Phone Number	E-mail		  Page	f 2	11/13/15
	805 986-6503	mascencion@cityofporthueneme.org		l age of		(Month, Day, Year)
2.	Appointments					
	Agency Boards and Commissions	Name of Appointed Person		Appt Date and Length of Term	Per Me	eting/Annual Salary/Stipend
	Ventura County Animal Services Commission	Name Breeze, Douglas (Last, First)  Sharkey, Jonathan	<u> </u>	11 / 9 / 15 Appl Date	▶ Estima	ted Annual:
		Alternate, if any Sharkey, Jonathan (Last, First)	<b>)</b> —	1 year  Length of Term	\$1,00	1,000
	California Joint Powers Insurance Authority	Name Schnopp, Sylvia (Last, First)  Alternate, if any Sharkey, Jonathan (Last, First)	<u>-</u>	1 / 12 / 15 Appl Date  1 year Length of Term	▶ Estima <b>※</b> \$0-\$1	ted Annual: 1,000
	Gold Coast Transit	Name Breeze, Douglas (Last, First)  Alternate, if any Schnopp, Sylvia (Last, First)	<b>&gt;_</b>	1 / 12 / 15 Appl Date  1 year Length of Term	▶ Estima  □ \$0-\$1	ted Annual: ,000
	Port Hueneme Water Agency	Name Breeze, D., Schnopp, S., Sharkey, J.  (Last, First)  Alternate, if any (Last, First)	<u>1</u>	11 / 9 / 15  Appt Date  1 year  Length of Term	▶ Per Me  ▶ Estima    \$0-\$1	ted Annual: ,000
	Verification  I have result and understand APPC Regulation  Signature of Agency Hand or Designe	Michelle Ascencion  Print Name	mation	identified above is tru City Clerl		st of my information and belief.  11/13/15  (Month, Day, Year)
	Comment:					

## Agency Report of: Public Official Appointments **Continuation Sheet**



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1.	Agency Name		11/13/15
	City of Port Hueneme	Date Posted:	(Month, Day, Year)
2	Annointments		

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Ventura County Transportation Commission	Name Breeze, Douglas  (Last, First)  Alternate, if any	Length of Term  1 / 12 / 15  Appt Date  1 year  Length of Term	▶ Per Meeting:       \$
Ventura Regional Sanitation District	Name Sharkey, Jonathan  (Last, First)  Alternate, if any Breeze, Douglas  (Last, First)	1 / 12 / 15  Appt Date  1 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)	Appt Date  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)	Appl Date  Length of Term	▶ Per Meeting:       \$