

**Agency Report of:
Public Official Appointments**

A Public Document


1. Agency Name City of Escondido		California Form 806 For Official Use Only
Division, Department, or Region (If Applicable)		
Designated Agency Contact (Name, Title) Zack Beck, City Clerk		
Area Code/Phone Number (760) 839-4617	E-mail zbeck@escondido.org	Date Posted: (Month, Day, Year)
Page _____ of _____		

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
North County Transit District	Paul McNamara ▶ Name _____ <small>(Last, First)</small> Alternate, if any Mike Morasco <small>(Last, First)</small>	12 / 16 / 20 <small>Appt Date</small> 2 years <small>Length of Term</small>	75.00 ▶ Per Meeting: \$ _____ ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
SANDAG	Paul McNamara ▶ Name _____ <small>(Last, First)</small> Alternate, if any Mike Morasco <small>(Last, First)</small> *2nd Alternate Consuelo Martinez	12 / 16 / 20 <small>Appt Date</small> 2 years <small>Length of Term</small>	150.00 ▶ 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 checked="" type="checkbox"/> 3,600 <small>Other</small>
Regional Solid Waste Association Board	Mike Morasco ▶ Name _____ <small>(Last, First)</small> Alternate, if any Tina Inscoe <small>(Last, First)</small>	12 / 16 / 20 <small>Appt Date</small> <small>Length of Term</small>	150.00 ▶ Per Meeting: \$ _____ ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
San Diego County Water Authority	Consuelo Martinez ▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	12 / 16 / 20 <small>Appt Date</small> <small>Length of Term</small>	150.00 ▶ 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 checked="" type="checkbox"/> 3,600 <small>Other</small>

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.


 _____ Zack Beck _____ City Clerk _____ 12/23/2020
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____