

**Agency Report of:  
Public Official Appointments**

**A Public Document**

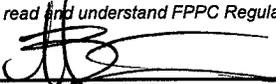
|  |                                 |  |  |
|--|---------------------------------|--|--|
| <b>1. Agency Name</b><br>City of Lodi<br>Division, Department, or Region (If Applicable) |                                 |  | <b>California Form 806</b><br>For Official Use Only            |
| <b>Designated Agency Contact (Name, Title)</b><br>Randi Johl-Olson, City Clerk           |                                 |  | <b>Date Posted:</b><br>10/14/2013<br><i>(Month, Day, Year)</i> |
| <b>Area Code/Phone Number</b><br>209-333-6702  | <b>E-mail</b><br>rjohl@lodi.gov |  |  |

**2. Appointments**

| Agency Boards and Commissions                                  | Name of Appointed Person  | Appt Date and Length of Term  | Per Meeting/Annual Salary/Stipend  |
|--|---|---|--|
| San Joaquin County - Local Agency Formation Commission (LAFCO) | ▶ Name <u>Phil Katzakian</u><br><i>(Last, First)</i><br><br>Alternate, if any _____<br><i>(Last, First)</i> | ▶ <u>08 / 07 / 13</u><br><i>Appt Date</i><br><br><u>1 Year</u><br><i>Length of Term</i> | ▶ Per Meeting: \$ <u>50.00</u><br><br>▶ Estimated Annual:<br><input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000<br><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____<br><i>Other</i> |
|  | ▶ Name _____<br><i>(Last, First)</i><br><br>Alternate, if any _____<br><i>(Last, First)</i>                 | ▶ _____<br><i>Appt Date</i><br><br>_____<br><i>Length of Term</i>                       | ▶ Per Meeting: \$ _____<br><br>▶ Estimated Annual:<br><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000<br><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____<br><i>Other</i>                   |
|  | ▶ Name _____<br><i>(Last, First)</i><br><br>Alternate, if any _____<br><i>(Last, First)</i>                 | ▶ _____<br><i>Appt Date</i><br><br>_____<br><i>Length of Term</i>                       | ▶ Per Meeting: \$ _____<br><br>▶ Estimated Annual:<br><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000<br><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____<br><i>Other</i>                   |
|  | ▶ Name _____<br><i>(Last, First)</i><br><br>Alternate, if any _____<br><i>(Last, First)</i>                 | ▶ _____<br><i>Appt Date</i><br><br>_____<br><i>Length of Term</i>                       | ▶ Per Meeting: \$ _____<br><br>▶ Estimated Annual:<br><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000<br><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____<br><i>Other</i>                   |

**3. Verification**

*I have read and understand FPPC Regulation 18705.5. I have verified that the appointment and information identified above is true to the best of my information and belief.*

|   |   |                                       |  |
|---|---|---------------------------------------|--|
| <br>_____<br><i>Signature of Agency Head or Designee</i> | Konradt Bartlam<br>_____<br><i>Print Name</i> | City Manager<br>_____<br><i>Title</i> | 10/14/2013<br>_____<br><i>(Month, Day, Year)</i> |
|---|---|---------------------------------------|--|

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