

**Agency Report of:
Public Official Appointments**

A Public Document


1. Agency Name Foothill/Eastern Transportation Corridor Agency			California Form 806 For Official Use Only
Division, Department, or Region (If Applicable)			Page <u>1</u> of <u>1</u>
Designated Agency Contact (Name, Title) Mark Mahan, Clerk of the Board			
Area Code/Phone Number 949-754-3492	E-mail clerkoftheboard@thetollroads.com	Date Posted: 4/9/2020 <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
Southern California Association of Governments Regional Council	▶ Name <u>Huang, Peggy</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>5 / 11 / 17</u> <small>Appt Date</small> ▶ <u>Until Replaced</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>120</u> ▶ 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"/> <u>\$8,640.00</u> <small>Other</small>
	▶ 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"/> _____ <small>Other</small>
	▶ 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"/> _____ <small>Other</small>
	▶ 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"/> _____ <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.

 <small>Signature of Agency Head or Designee</small>	Michael A. Kraman <small>Print Name</small>	Chief Executive Officer <small>Title</small>	<u>4/9/2020</u> <small>(Month, Day, Year)</small>
--	--	---	--

Comment: _____