Agency Report of:
Public Official Appointments

A Public Document

1. Agency Name

CITY OF SAN MARCOS

Division, Department, or Region *(If Applicable)*

CITY COUNCIL

Designated Agency Contact *(Name, Title)*

PHILLIP SCOLLICK, CITY CLERK

Area Code/Phone Number	E-mail
760-744-1050 EXT. 3105	pscollick@san-marcos.net

California Form **806**

For Official Use Only

Date Posted: 02/27/2025 *(Month, Day, Year)*

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
NORTH COUNTY DISPATCH JOINT POWERS AUTHORITY	Name: LEBLANG, DANIELLE *(Last, First)* Alternate, if any: SANNELLA, MIKE *(Last, First)*	Appt Date: 01/14/2025 Length of Term: 2 YEARS	Per Meeting: $ 50.00 Estimated Annual: ■ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
NORTH COUNTY TRANSIT DISTRICT	Name: SANNELLA, MIKE *(Last, First)* Alternate, if any: MUSGROVE, ED *(Last, First)*	Appt Date: 01/14/2025 Length of Term: 2 YEARS	Per Meeting: $ 150.00 Estimated Annual: ■ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
SAN DIEGO ASSOCIATION OF GOVERNMENTS	Name: JONES, REBECCA *(Last, First)* Alternate, if any: MUSGROVE, ED *(Last, First)*	Appt Date: 01/14/2025 Length of Term: 2 YEARS	Per Meeting: $ 150.00 Estimated Annual: ■ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
SAN MARCOS FIRE PROTECTION DISTRICT	Name: JONES, REBECCA; SANNELLA, MIKE; LEBLANG, DANIELLE; MUSGROVE, ED; NUNEZ, MARIA *(Last, First)* Alternate, if any: *(Last, First)*	Appt Date: 01/14/2025 Length of Term:	Per Meeting: $ 50.00 Estimated Annual: ■ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ 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.

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	PHILLIP SCOLLICK	CITY CLERK	2/27/2025

Comment:

Print Clear

Agency Report of: Public Official Appointments Continuation Sheet

California Form 806
A Public Document

1. Agency Name
CITY OF SAN MARCOS

Date Posted: 02/27/2025 *(Month, Day, Year)*

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
	Name ____ *(Last, First)* Alternate, if any ____ *(Last, First)*	____ *Appt Date* ____ *Length of Term*	*Per Meeting:* $ ____ *Estimated Annual:* ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ ____ *Other*
	Name ____ *(Last, First)* Alternate, if any ____ *(Last, First)*	____ *Appt Date* ____ *Length of Term*	*Per Meeting:* $ ____ *Estimated Annual:* ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ ____ *Other*
	Name ____ *(Last, First)* Alternate, if any ____ *(Last, First)*	____ *Appt Date* ____ *Length of Term*	*Per Meeting:* $ ____ *Estimated Annual:* ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ ____ *Other*
	Name ____ *(Last, First)* Alternate, if any ____ *(Last, First)*	____ *Appt Date* ____ *Length of Term*	*Per Meeting:* $ ____ *Estimated Annual:* ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ ____ *Other*
	Name ____ *(Last, First)* Alternate, if any ____ *(Last, First)*	____ *Appt Date* ____ *Length of Term*	*Per Meeting:* $ ____ *Estimated Annual:* ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ ____ *Other*
	Name ____ *(Last, First)* Alternate, if any ____ *(Last, First)*	____ *Appt Date* ____ *Length of Term*	*Per Meeting:* $ ____ *Estimated Annual:* ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ ____ *Other*

Print Clear