

Agency Report of: Public Official Appointments

A Public Document

1. Agency Name City of Solana Beach		California Form 806 For Official Use Only
Division, Department, or Region (If Applicable) City Clerk's Office		
Designated Agency Contact (Name, Title) Megan Bavin, Deputy City Clerk		
Area Code/Phone Number (858) 720-2400	E-mail mbavin@cosb.org	Page <u>1</u> of <u>2</u>
		Date Posted: 09/02/25 <i>(Month, Day, Year)</i>

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
North County Dispatch JPA	▶ Name <u>MacDonald, Jill</u> <i>(Last, First)</i> Alternate, if any <u>Becker, Kristi</u> <i>(Last, First)</i>	▶ <u>12</u> / <u>11</u> / <u>24</u> <i>Appt Date</i> ▶ <u>2 Years</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>50.00</u> ▶ Estimated Annual: ☒ \$0-\$1,000 ☐ \$2,001-\$3,000 ☐ \$1,001-\$2,000 ☐ Other
North County Transit District (NCTD)	▶ Name <u>Edson, Jewel</u> <i>(Last, First)</i> Alternate, if any <u>MacDonald, Jill</u> <i>(Last, First)</i>	▶ <u>12</u> / <u>11</u> / <u>24</u> <i>Appt Date</i> ▶ <u>2 Years</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>150</u> ▶ Estimated Annual: ☒ \$0-\$1,000 ☐ \$2,001-\$3,000 ☐ \$1,001-\$2,000 ☐ Other
Regional Solid Waste Association (RSWA)	▶ Name <u>Zito, David</u> <i>(Last, First)</i> Alternate, if any <u>MacDonald, Jill</u> <i>(Last, First)</i>	▶ <u>12</u> / <u>11</u> / <u>24</u> <i>Appt Date</i> ▶ <u>2 Years</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>150</u> ▶ Estimated Annual: ☒ \$0-\$1,000 ☐ \$2,001-\$3,000 ☐ \$1,001-\$2,000 ☐ Other
SANDAG Board of Directors Business & Policy Meeting1. Business Mtg (\$150 per mtg)2. Policy Mtg (\$100 per mtg)	▶ Name <u>Heebner, Lesa</u> <i>(Last, First)</i> Alternate, if any <u>Zito, David</u> <i>(Last, First)</i> <u>2nd Alternate: Edson, Jewel</u>	▶ <u>12</u> / <u>11</u> / <u>24</u> <i>Appt Date</i> ▶ <u>2 Years</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>150.00, 100.00</u> ▶ Estimated Annual: ☐ \$0-\$1,000 ☐ \$2,001-\$3,000 ☐ \$1,001-\$2,000 ☒ 3,600 <i>Other</i>

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	Megan Bavin Print Name	Deputy City Clerk Title	09/02/25 (Month, Day, Year)
---	---------------------------	----------------------------	--------------------------------

Comment: _____

Print

Clear

FPPC Form 806 (1/18)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

1. Agency Name City of Solana Beach	Date Posted: <u>09/02/2025</u> (Month, Day, Year)
---	--

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
San Elijo JPA (SEJPA)	▶ Name <u>Zito, David</u> (Last, First) Alternate, if any <u>Becker, Kristi</u> (Last, First)	▶ <u>12 / 11 / 24</u> Appt Date ▶ <u>2 Years</u> Length of Term	▶ Per Meeting: \$ <u>\$160.00</u> ▶ Estimated Annual: ☒ \$0-\$1,000 ☐ \$2,001-\$3,000 ☐ \$1,001-\$2,000 ☐ <u>Other</u>
	▶ 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 ☐ <u>Other</u>
	▶ 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 ☐ <u>Other</u>
	▶ 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 ☐ <u>Other</u>
	▶ 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 ☐ <u>Other</u>
	▶ 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 ☐ <u>Other</u>