Agency Report of: New Positions

A Public Document

California Form	00	1
Form	OU	-

. Agency Name (Also include, Division, Department, or Region (if applicable)) City of Laguna Beach Agency Contact		Amendment			
		Date of Original Filing:	(month, day, year)		
Ann Marie McKay	·				
Phone Number		Ema			
(949) 497-0309		amo	ckay@lagunabe	eachcity.net	
2. New Position Information					
Position Title/Classification and Job Summary	Assigned Category	OR	Disclosure R	Requirement	Assuming/Start Date (Optional)
Assistant to the City Manager/Special Projects Manager	1				$Start \frac{07}{m} / \frac{01}{d} / \frac{2022}{yr}$
					Start / / m / d / yr
					Start// m / d / yr
		_			Start / / m / d / yr
		_			Start// m / d / yr
				V II	Start// m / d / yr
					Start// m / d / yr
3. Verification I have read and understand FPPC in accordance with its provisions.	Regulations 18700.3 and 1873	4. I hav	e verified that the	e disclosure assignment	(s) set forth above, is
CHIKK	Ann Marie McKay			City Clerk	09/07/2022
Signature	Name			Title	(month, day, year)
Comment: (Use this space or an atta					
manages the planning, scoping,	and execution of special pr	ojects	for the City		