Agency Report of:
Public Official Appointments

A Public Document

California Form 806
For Official Use Only

1. Agency Name

City of Burbank

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

City Council

Designated Agency Contact *(Name, Title)*

Zizette Mullins, City Council Member

Area Code/Phone Number	E-mail
(818) 238-5751	zmullins@burbankca.gov

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Date Posted: 4/10/2024 *(Month, Day, Year)*

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 (SCAG) Economic & Human Development Committee	Name: Mullins, Zizette *(Last, First)* Alternate, if any: *(Last, First)*	Appt Date: 10/05/23 Length of Term:	Per Meeting: $ 120.00 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

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)
	Zizette Mullins	Council Member	4/23/24

Comment:

Print Clear