



# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST

(Revised: 09/23/13)

APPROVED: MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS  
AGENDA # C-4 DATE 8-7-14  
LYNDA GROW, BOARD CLERK

### Board Clerk Use Only

Meeting Date: 8/7/14  
Agenda Item #: C-4  
Est. Start Time: 9:30 a.m.  
Date Submitted: 7/25/14

**Agenda Title:** **Appointment of Daniel Arenholz to Multnomah County's Deferred Compensation Committee**

*Note: Title should not be more than 2 lines but sufficient to describe the action requested. Title on APR must match title on Ordinance, Resolution, Order or Proclamation.*

**Requested Meeting Date:** August 7<sup>th</sup>, 2014 **Time Needed:** Consent Calendar  
**Department:** County Management **Division:** Finance  
**Contact(s):** Susie Cameron, Deferred Compensation Plan Administrator  
**Phone:** (503) 988-6959 **Ext.** 86959 **I/O Address:** 503/4/Payroll  
**Presenter Name(s) & Title(s):** n/a

### General Information

1. **What action are you requesting from the Board?**  
Appointment of Daniel Arenholz to the Multnomah County Deferred Compensation Committee. Members of the committee are appointed for a term of five years.
2. **Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.**  
Pursuant to the Multnomah County Deferred Compensation Plan Document, there shall be a five member deferred compensation committee consisting of the following positions: The Plan Administrator, the designated County Attorney, and three members who are participants in the plan and appointed by the Chair with approval of the Board of Commissioners. One member recently resigned and Dan will be replacing that member.
3. **Explain the fiscal impact (current year and ongoing).**  
N/A
4. **Explain any legal and/or policy issues involved.**  
N/A
5. **Explain any citizen and/or other government participation that has or will take place.**  
N/A

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**Required Signature**

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**Elected  
Official or  
Department  
Director:**

Karyne Kieta /s/

**Date:**

07/24/14

*Note: Please submit electronically. Insert names of your approvers followed by /s/ - we no longer use actual signatures. Please insert date approved.*