Agency Report of: Public Official Appointments

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1.	Agency Name					California 806 Form					
	CITY OF MISSION VIEJO										
	Division, Department, or Reg	lion (If Applicable)				For Official Use Only					
	Designated Agency Contact	(Name,Title)									
	KIMBERLY SCHMITT					Date Beated:					
	Area Code/Phone Number	E-mail		Page _1of	, 1	Date Posted: 01/18/2021					
	949 470-3031	KSCHMITT@CITYOFMISSIONVIEJO.ORC	દે	Page or		(Month, Day, Year)					
2.	Appointments										
	Agency Boards and Commissions	Name of Appointed Person		Appt Date and Length of Term	Per Me	eting/Annual Salary/Stipend					
	O.C. Fire Authority		year Length of Term	Estimated Annual:							
	Transp. Corridor Agency Kelley, Patricia (Last, First) Goodell, Brian (Last, First) (Last, First)			12		ted Annual: ,000					
	Vector Control	Ruesch, Robert Name (Last, First) N/A Alternate, if any (Last, First)		year Length of Term	100.00 Per Meeting: \$						
	O.C. Transportation Auth.	Name	_	year \$0-\$		ed Annual:					
	Verification										
			mation i		to the bes	t of my information and belief. January 18, 2021 (Month, Day, Year)					
	Comment:										