

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name City of Mission Viejo			California Form 806 For Official Use Only
Division, Department, or Region (If Applicable) N/A			
Designated Agency Contact (Name, Title) Karen Hamman, City Clerk			
Area Code/Phone Number 949) 470-3033	E-mail khamman@cityofmissionviejo.org	Page <u>1</u> of <u>1</u>	Date Posted: January 15, 2014 <small>(Month, Day, Year)</small>

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Transportation Corridor Agency	▶ Name <u>Sachs, Ed</u> <small>(Last, First)</small> Alternate, if any <u>Raths, Greg</u> <small>(Last, First)</small>	▶ <u>01 / 14 / 14</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>120.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
Orange County Fire Authority	▶ Name <u>Kelley, Trish</u> <small>(Last, First)</small> Alternate, if any <u>Leckness, Dave</u> <small>(Last, First)</small>	▶ <u>01 / 14 / 14</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
Orange county Vector Control District	▶ Name <u>Leckness, Dave</u> <small>(Last, First)</small> Alternate, if any <u>N/A</u> <small>(Last, First)</small>	▶ <u>01 / 14 / 14</u> <small>Appt Date</small> ▶ <u>2 year- 12/31/15</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
	▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Appt Date</small> ▶ _____ <small>Length of Term</small>	▶ Per Meeting: \$ _____ ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> 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.

Karen Hamman Karen Hamman City Clerk 1/15/14
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____