

**Agency Report of:  
Public Official Appointments**

**A Public Document**

<b>1. Agency Name</b> City of Mission Viejo			<b>California Form 806</b> For Official Use Only
Division, Department, or Region (If Applicable)  N/A			Page <u>1</u> of <u>1</u>
Designated Agency Contact (Name, Title)  Karen Hamman, City Clerk			
Area Code/Phone Number 949) 470-3033	E-mail khamman@cityofmissionviejo.org	Date Posted: January 13, 2016 <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>Ury, Frank</u> <small>(Last, First)</small>	▶ <u>01 / 12 / 16</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>Sachs, Ed</u> <small>(Last, First)</small>  Alternate, if any <u>N/A</u> <small>(Last, First)</small>	▶ <u>01 / 12 / 16</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 / 12 / 16</u> <small>Appt Date</small>  ▶ <u>2 year- 12/31/17</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      1/13/16  
Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)

Comment: \_\_\_\_\_