

# 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	
<b>Division, Department, or Region (If Applicable)</b> N/A			
<b>Designated Agency Contact (Name, Title)</b> Karen Hamman, City Clerk			
<b>Area Code/Phone Number</b> 949) 470-3033	<b>E-mail</b> khamman@cityofmissionviejo.org	Page <u>1</u> of <u>1</u>	<b>Date Posted:</b> January 10, 2018 <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>Kelley, Trish</u> <small>(Last, First)</small>	▶ <u>01 / 09 / 18</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 / 09 / 18</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>Ruesch, Robert</u> <small>(Last, First)</small>  Alternate, if any <u>N/A</u> <small>(Last, First)</small>	▶ <u>01 / 09 / 18</u> <small>Appt Date</small>  ▶ <u>2 year- 12/31/19</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                      1/10/18  
Signature of Agency Head or Designee                      Print Name                      Title                      (Month, Day, Year)

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