

Agency Report of: Public Official Appointments

A Public Document

1. Agency Name

City of Mission Viejo
Division, Department, or Region (If Applicable)

Designated Agency Contact (Name, Title)
Kimberly Schmitt, City Clerk

Area Code/Phone Number
949 470-3052

E-mail
kschmitt@cityofmissionviejo.org

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California Form **806**
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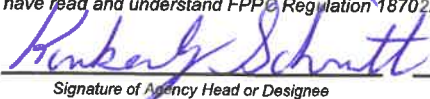
Date Posted:
January 16, 2020
(Month, Day, Year)

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Orange County Fire Authority (OCFA)	<p>▶ Name <u>Sachs, Ed</u> <small>(Last, First)</small></p> <p>Alternate, if any <u>N/A</u> <small>(Last, First)</small></p>	<p>▶ <u>01 / 14 / 20</u> <small>Appt Date</small></p> <p>▶ <u>1 year</u> <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>100.00</u></p> <p>▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other</p>
Transportation Corridor Agency	<p>▶ Name <u>Kelley, Trish</u> <small>(Last, First)</small></p> <p>Alternate, if any <u>Goodell, Brian</u> <small>(Last, First)</small></p>	<p>▶ <u>01 / 14 / 20</u> <small>Appt Date</small></p> <p>▶ <u>1 year</u> <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>120.00</u></p> <p>▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other</p>
Orange County Vector Control District	<p>▶ Name <u>Ruesch, Robert</u> <small>(Last, First)</small></p> <p>Alternate, if any <u>N/A</u> <small>(Last, First)</small></p>	<p>▶ <u>01 / 14 / 20</u> <small>Appt Date</small></p> <p>▶ <u>2</u> <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>100.00</u></p> <p>▶ 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</p>
	<p>▶ Name _____ <small>(Last, First)</small></p> <p>Alternate, if any _____ <small>(Last, First)</small></p>	<p>▶ _____ <small>Appt Date</small></p> <p>▶ _____ <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ _____</p> <p>▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other</p>

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.


Signature of Agency Head or Designee

Kimberly Schmitt
Print Name

City Clerk
Title

January 16, 2020
(Month, Day, Year)

Comment: _____