

**Agency Report of:
Public Official Appointments**

A Public Document

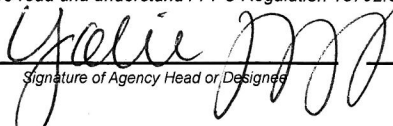
1. Agency Name City of Laguna Woods			California Form 806
Division, Department, or Region (If Applicable)			For Official Use Only
Designated Agency Contact (Name, Title) Yolie Trippy, Deputy City Clerk			
Area Code/Phone Number (949) 639-0512	E-mail ytrippy@cityoflagunawoods.org	Page <u>1</u> of <u>1</u>	Date Posted: <u>06/29/2017</u> <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
Orange County Fire Authority	▶ Name <u>Noel Hatch</u> <small>(Last, First)</small> Alternate, if any <u>N/A</u> <small>(Last, First)</small>	▶ <u>12 / 17 / 14</u> <small>Appt Date</small> ▶ <u>3 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>\$3,600</u> <small>Other</small>
Orange County Mosquito and Vector Control District	▶ Name <u>Shari L. Horne</u> <small>(Last, First)</small> Alternate, if any <u>N/A</u> <small>(Last, First)</small>	▶ <u>12 / 17 / 14</u> <small>Appt Date</small> ▶ <u>3 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</u> ▶ 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"/> <u> </u> <small>Other</small>
San Joaquin Hills Transportation Corridor Agency	▶ Name <u>Cynthia Conners</u> <small>(Last, First)</small> Alternate, if any <u>Carol Moore</u> <small>(Last, First)</small>	▶ <u>06 / 28 / 17</u> <small>Appt Date</small> ▶ <u>6 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>120</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>\$7,200</u> <small>Other</small>
	▶ 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"/> _____ <small>Other</small>

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.

	Yolie Trippy	Deputy City Clerk	06/29/2017
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____