

**Agency Report of:
Public Official Appointments**

A Public Document

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|----------------------------------------------------------------------------|-----------------------------------------|---------------------------|----------------------------------------------------------------------|
| 1. Agency Name City of Laguna Woods | | | California Form 806 For Official Use Only |
| Division, Department, or Region (If Applicable) | | | |
| 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>12/13/17</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>1 / 1 / 18</u> <small>Appt Date</small> ▶ <u>2 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>1 / 2 / 17</u> <small>Appt Date</small> ▶ <u>2 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>Other</u> |
| 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>1 / 1 / 18</u> <small>Appt Date</small> ▶ <u>2 years</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.

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|------------------------------------------|----------------------------|----------------------------|--------------------------------|
| Signature of Agency Head or Designee | Yolie Trippy Print Name | Deputy City Clerk Title | 12/13/17 (Month, Day, Year) |
|------------------------------------------|----------------------------|----------------------------|--------------------------------|

Comment: _____