

**Agency Report of:  
Public Official Appointments**

**A Public Document**

<b>1. Agency Name</b> City of Laguna Woods		<b>California Form 806</b>	<b>For Official Use Only</b>
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) Yolie Trippy, 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>1/7/2020</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>Hatch, Noel</u> <small>(Last, First)</small>  Alternate, if any <u>N/A</u> <small>(Last, First)</small>	▶ <u>1 / 1 / 20</u> <small>Appt Date</small>  ▶ <u>1 year</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>
San Joaquin Hills Transportation Corridor Agency	▶ Name <u>Conners, Cynthia</u> <small>(Last, First)</small>  Alternate, if any <u>Moore, Carol</u> <small>(Last, First)</small>	▶ <u>1 / 1 / 20</u> <small>Appt Date</small>  ▶ <u>1 year</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>
California Joint Powers Insurance Authority	▶ Name <u>Conners, Cynthia</u> <small>(Last, First)</small>  Alternate, if any <u>Hatch, Noel</u> <small>(Last, First)</small>	▶ <u>1 / 1 / 20</u> <small>Appt Date</small>  ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</u>  ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>          </u> <small>Other</small>
Orange County Mosquito and Vector Control District	▶ Name <u>Horne, Shari L.</u> <small>(Last, First)</small>  Alternate, if any <u>N/A</u> <small>(Last, First)</small>	▶ <u>1 / 7 / 19</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>          </u> <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	City Clerk	1/7/2020
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

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