

Agency Report of: Public Official Appointments

A Public Document

1. Agency Name			California Form 806
City of Laguna Woods			For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title)			
Yolie Trippy, City Clerk			
Area Code/Phone Number	E-mail	Page 1 of 1	Date Posted:
(949) 639-0512	ytrippy@cityoflagunawoods.org		12/17/20
			(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	▶ Name <u>Hatch, Noel</u> <small>(Last, First)</small> Alternate, if any <u>N/A</u> <small>(Last, First)</small>	▶ <u>01 / 01 / 21</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>Horne, Shari L.</u> <small>(Last, First)</small> Alternate, if any <u>N/A</u> <small>(Last, First)</small>	▶ <u>01 / 04 / 21</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>
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>01 / 01 / 21</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>
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>01 / 01 / 21</u> <small>Appt Date</small> <u>2 years</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>

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.

 <small>Signature of Agency Head or Designee</small>	Yolie Trippy <small>Print Name</small>	City Clerk <small>Title</small>	12/17/20 <small>(Month, Day, Year)</small>
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Comment: _____