

# Agency Report of: Public Official Appointments

A Public Document

<b>1. Agency Name</b> City of Laguna Woods		Page <u>1</u> of <u>1</u>	<b>California Form 806</b> For Official Use Only
Division, Department, or Region (If Applicable)			Date Posted: <u>12/22/2022</u> <small>(Month, Day, Year)</small>
Designated Agency Contact (Name, Title) Yolie Trippy, City Clerk			
Area Code/Phone Number (949) 639-0512	E-mail ytrippy@cityoflagunawoods.org		

## 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 / 23</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>1 / 2 / 23</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>Connors, Cynthia</u> <small>(Last, First)</small>  Alternate, if any <u>Hatch, Noel</u> <small>(Last, First)</small>	▶ <u>1 / 1 / 23</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>McCary, Annie</u> <small>(Last, First)</small>  Alternate, if any <u>Hatch, Noel</u> <small>(Last, First)</small>	▶ <u>1 / 1 / 23</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>Other</u>

## 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>	12/22/2022 _____ <small>(Month, Day, Year)</small>
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Comment: \_\_\_\_\_

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