

**Agency Report of:
Public Official Appointments**

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CITY OF IRVINE

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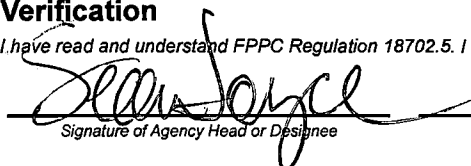
1. Agency Name CITY OF IRVINE		CITY CLERK'S OFFICE 2018 JAN 16 PM 1:11	California Form 806 For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) MOLLY MCLAUGHLIN, CITY CLERK			
Area Code/Phone Number 949-724-6220	E-mail mollymclaughlin@cityofirvine.org	Page <u>1</u> of <u>2</u>	Date Posted: 1/16/18 <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
HOUSING AND COMMUNITY DEVELOPMENT COMMISSION - ORANGE COUNTY (District 3)	▶ Name <u>Schott, Lynn</u> <small>(Last, First)</small> Alternate, if any <u>None</u> <small>(Last, First)</small>	▶ <u>01 / 09 / 18</u> <small>Appt Date</small> ▶ <u>ONE YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</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>
ORANGE COUNTY FIRE AUTHORITY	▶ Name <u>Fox, Melissa</u> <small>(Last, First)</small> Alternate, if any <u>None</u> <small>(Last, First)</small>	▶ <u>01 / 09 / 18</u> <small>Appt Date</small> ▶ <u>ONE YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</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>
ORANGE COUNTY SANITATION DISTRICT	▶ Name <u>Wagner, Donald P.</u> <small>(Last, First)</small> Alternate, if any <u>Schott, Lynn</u> <small>(Last, First)</small>	▶ <u>01 / 09 / 18</u> <small>Appt Date</small> ▶ <u>ONE YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>212.50</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u>
ORANGE COUNTY MOSQUITO AND VECTOR CONTROL DISTRICT	▶ Name <u>Schott, Lynn</u> <small>(Last, First)</small> Alternate, if any <u>None</u> <small>(Last, First)</small>	▶ <u>01 / 09 / 18</u> <small>Appt Date</small> ▶ <u>TWO YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</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>

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.

 Signature of Agency Head or Designee	Sean Joyce Print Name	City Manager Title	01/16/18 (Month, Day, Year)
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Comment: _____

**Agency Report of:
Public Official Appointments
Continuation Sheet**

1. Agency Name CITY OF IRVINE	Date Posted: <u>1/16/18</u> <i>(Month, Day, Year)</i>
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2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
SOUTHERN CALIFORNIA ASSOCIATION OF GOVERNMENTS REGIONAL COUNCIL (District 14)	▶ Name <u>Wagner, Donald P.</u> <i>(Last, First)</i> Alternate, if any <u>None</u> <i>(Last, First)</i>	▶ <u>01 / 09 / 18</u> <i>Appt Date</i> ▶ <u>TWO YEAR</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>120.00</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>
TRANSPORTATION CORRIDOR AGENCY - FOOTHILL/EASTERN	▶ Name <u>Shea, Christina</u> <i>(Last, First)</i> Alternate, if any <u>Schott, Lynn</u> <i>(Last, First)</i>	▶ <u>01 / 09 / 18</u> <i>Appt Date</i> ▶ <u>ONE YEAR</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>120.00</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>
TRANSPORTATION CORRIDOR AGENCY - SAN JOAQUIN HILLS	▶ Name <u>Shea, Christina</u> <i>(Last, First)</i> Alternate, if any <u>Schott, Lynn</u> <i>(Last, First)</i>	▶ <u>01 / 09 / 18</u> <i>Appt Date</i> ▶ <u>ONE YEAR</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>120.00</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>
	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u> / / </u> <i>Appt Date</i> ▶ _____ <i>Length of Term</i>	▶ 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"/> <u>Other</u>
	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u> / / </u> <i>Appt Date</i> ▶ _____ <i>Length of Term</i>	▶ 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"/> <u>Other</u>
	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u> / / </u> <i>Appt Date</i> ▶ _____ <i>Length of Term</i>	▶ 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"/> <u>Other</u>