

Agency Report of:
Public Official Appointments

2017 JAN 12 AM 11:09

A Public Document

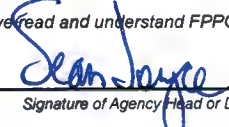
1. Agency Name CITY OF IRVINE		California Form 806 For Official Use Only
Division, Department, or Region (If Applicable)		
Designated Agency Contact (Name, Title) MOLLY MCLAUGHLIN, CITY CLERK		
Area Code/Phone Number (949) 724-6220	E-mail mollymclaughlin@cityofirvine.org	Date Posted: 01/12/17 <small>(Month, Day, Year)</small>
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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
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 / 10 / 17</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"/> Other
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 / 10 / 17</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 type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
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 / 10 / 17</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"/> Other
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 / 12 / 16</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"/> Other

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.


Sean Joyce
City Manager
01/11/17
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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

1. Agency Name
CITY OF IRVINE

Date Posted: 01/12/17
(Month, Day, Year)

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
SOUTHERN CALIF. ASSOC. OF GOVERNMENTS REGIONAL COUNCIL (District No. 14)	▶ Name <u>Wagner, Donald P.</u> <small>(Last, First)</small> Alternate, if any <u>None</u> <small>(Last, First)</small>	▶ <u>01 / 10 / 17</u> <small>Appt Date</small> ▶ <u>TWO YEAR</u> <small>Length of Term</small>	▶ 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"/> Other
TRANSPORTATION CORRIDOR AGENCY - FOOTHILL/EASTERN	▶ Name <u>Shea, Christina</u> <small>(Last, First)</small> Alternate, if any <u>Schott, Lynn</u> <small>(Last, First)</small>	▶ <u>01 / 10 / 17</u> <small>Appt Date</small> ▶ <u>ONE YEAR</u> <small>Length of Term</small>	▶ 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"/> Other
TRANSPORTATION CORRIDOR AGENCY - SAN JOAQUIN HILLS	▶ Name <u>Shea, Christina</u> <small>(Last, First)</small> Alternate, if any <u>Schott, Lynn</u> <small>(Last, First)</small>	▶ <u>01 / 10 / 17</u> <small>Appt Date</small> ▶ <u>ONE YEAR</u> <small>Length of Term</small>	▶ 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"/> Other
	▶ 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"/> Other
	▶ 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"/> Other
	▶ 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"/> Other