

Agency Report of: Public Official Appointments

A Public Document

1. Agency Name City of Yorba Linda <hr/> Division, Department, or Region (If Applicable) <hr/> Designated Agency Contact (Name, Title) Marcia Brown, City Clerk <hr/> Area Code/Phone Number E-mail 714/961-7150 mbrown@yorbalindaca.gov		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> California Form 806 For Official Use Only </div> <hr/> Date Posted: 12/20/2018 <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
Foothill /Eastern Transportation Corridor Agency	▶ Name <u>Huang, Peggy</u> <small>(Last, First)</small> Alternate, if any <u>Campbell, Tara</u> <small>(Last, First)</small>	▶ <u>12 / 18 / 18</u> <small>Appt Date</small> ▶ <u>1 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
Orange County Fire Authority	▶ Name <u>Hernandez, Gene</u> <small>(Last, First)</small> Alternate, if any <u>n/a</u> <small>(Last, First)</small>	▶ <u>12 / 18 / 18</u> <small>Appt Date</small> ▶ <u>1 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
Orange County Mosquito Vector Control District	▶ Name <u>Huang, Peggy</u> <small>(Last, First)</small> Alternate, if any <u>n/a</u> <small>(Last, First)</small>	▶ <u>12 / 18 / 18</u> <small>Appt Date</small> ▶ <u>2 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
Orange County Transportation Authority	▶ Name <u>Hernandez, Gene</u> <small>(Last, First)</small> Alternate, if any <u>n/a</u> <small>(Last, First)</small>	▶ <u>12 / 18 / 18</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100/per day</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.

<small>Signature of Agency Head or Designee</small>	Marcia Brown <small>Print Name</small>	City Clerk <small>Title</small>	12/20/2018 <small>(Month, Day, Year)</small>
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Comment: _____