

**Agency Report of:  
Public Official Appointments**

**A Public Document**

<b>1. Agency Name</b>		<b>California Form 806</b> For Official Use Only	
City of Westminster			
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title)			
Robin L. Roberts			
Area Code/Phone Number	E-mail	Page <u>1</u> of <u>1</u>	Date Posted:
714-548-3237	RRoberts@westminster-ca.gov		01/15/2015 <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
Orange County Fire Authority (OCFA)	▶ Name <u>Ta, Tri</u> <small>(Last, First)</small>  Alternate, if any <u>Contreras, Sergio</u> <small>(Last, First)</small>	▶ <u>01 / 14 / 15</u> <small>Appt Date</small>  ▶ <u>2 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>\$100.00</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
Public Cable Television Authority	▶ Name <u>Ta, Tri</u> <small>(Last, First)</small>  Alternate, if any <u>Rice, Margie</u> <small>(Last, First)</small>	▶ <u>01 / 14 / 15</u> <small>Appt Date</small>  ▶ <u>2 years</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 Vector Control	▶ Name <u>Contreras, Sergio</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 09 / 13</u> <small>Appt Date</small>  ▶ <u>2 years</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
West Orange County Water Board	▶ Name <u>Diep, Tyler</u> <small>(Last, First)</small>  Alternate, if any <u>Carey, Diana</u> <small>(Last, First)</small>	▶ <u>01 / 14 / 15</u> <small>Appt Date</small>  ▶ <u>2 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</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

**3. Verification**

\_\_\_\_\_  
Signature of Agency Head or Designee

\_\_\_\_\_  
Robin L. Roberts  
Print Name

\_\_\_\_\_  
City Clerk  
Title

\_\_\_\_\_  
01/15/15  
(Month, Day, Year)

Comment: \_\_\_\_\_