

**Agency Report of:
Public Official Appointments**

A Public Document


1. Agency Name City of Westminster		California Form 806 <small>For Official Use Only</small>	
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) Amanda Jensen, City Clerk			
Area Code/Phone Number 714-548-3174	E-mail ajensen@westminster-ca.gov	Page <u>1</u> of <u>1</u>	Date Posted: <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 _____ <small>(Last, First)</small>	▶ <u>01 / 11 / 17</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 (PCTA)	▶ Name <u>Ta, Tri</u> <small>(Last, First)</small> Alternate, if any <u>Rice, Margie</u> <small>(Last, First)</small>	▶ <u>01 / 11 / 17</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
Orange County Mosquito and Vector Control District	▶ Name <u>Contreras, Sergio</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 11 / 17</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
West Orange County Water Board	▶ Name <u>Ho, Kimberly</u> <small>(Last, First)</small> Alternate, if any <u>Rice, Margie</u> <small>(Last, First)</small>	▶ <u>01 / 11 / 17</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

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.

	Amanda Jensen	City Clerk	01/12/2017
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: _____