

**Agency Report of:
Public Official Appointments**

A Public Document

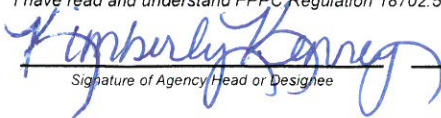
1. Agency Name City of La Palma		California Form 806 For Official Use Only
Division, Department, or Region (If Applicable)		
Designated Agency Contact (Name, Title) Kimberly Kenney, Deputy City Clerk		
Area Code/Phone Number 714-690-3334	E-mail kimberlyk@cityoflapalma.org	Page <u>1</u> of <u>1</u>
		Date Posted: <u>1/30/2017</u> <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
California Joint Powers Insurance Authority	▶ Name <u>Goodman, Marshall</u> <small>(Last, First)</small> Alternate, if any <u>Goedhart, Gerard</u> <small>(Last, First)</small>	▶ <u>12 / 20 / 16</u> <small>Appt Date</small> ▶ <u>1 Year</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 Fire Authority	▶ Name <u>Steggell, Michele</u> <small>(Last, First)</small> Alternate, if any <u>No Alternate</u> <small>(Last, First)</small>	▶ <u>12 / 20 / 16</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 type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>3,600.00</u> <small>Other</small>
Orange County Sanitation District	▶ Name <u>Kim, Peter</u> <small>(Last, First)</small> Alternate, if any <u>Goedhart, Gerard</u> <small>(Last, First)</small>	▶ <u>12 / 20 / 16</u> <small>Appt Date</small> ▶ <u>1 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 Vector Control District	▶ Name <u>Goodman, Marshall</u> <small>(Last, First)</small> Alternate, if any <u>No Alternate</u> <small>(Last, First)</small>	▶ <u>12 / 20 / 16</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 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.



Kimberly Kenney

Deputy City Clerk

1/30/2017

Signature of Agency Head or Designee

Print Name

Title

(Month, Day, Year)

Comment: _____