

**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) Orange County			Page <u>1</u> of <u>1</u>
Designated Agency Contact (Name, Title) Kimberly Kenney, City Clerk			
Area Code/Phone Number 714-690-3334	E-mail kkenney@cityoflapalma.org	Date Posted: 01/24/2022 <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>Baker, Debbie</u> <small>(Last, First)</small>	▶ <u>01 / 18 / 22</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"/> <u>Other</u>
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>01 / 18 / 22</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>Goodman, Marshall</u> <small>(Last, First)</small> Alternate, if any <u>Patel, Nitesh</u> <small>(Last, First)</small>	▶ <u>01 / 18 / 22</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 type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>\$7,650.00</u> <small>Other</small>
Orange County Mosquito and Vector Control District	▶ Name <u>Baker, Debbie</u> <small>(Last, First)</small> Alternate, if any <u>No Alternate</u> <small>(Last, First)</small>	▶ <u>01 / 18 / 22</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"/> <u>Other</u>

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
Signature of Agency Head or Designee

Kimberly Kenney
Print Name

City Clerk
Title

01/24/2022
(Month, Day, Year)

Comment: _____

Print **Clear**