

**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			
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>1/30/2018</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>01 / 16 / 18</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"/> <u> </u> <small>Other</small>
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 / 16 / 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 type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>3600.00</u> <small>Other</small>
Orange County Sanitation District	▶ Name <u>Kim, Peter</u> <small>(Last, First)</small> Alternate, if any <u>Steggell, Michele</u> <small>(Last, First)</small>	▶ <u>01 / 16 / 18</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"/> <u> </u> <small>Other</small>
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>01 / 16 / 18</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 type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u> </u> <small>Other</small>

3. Verification

I have read and understand FPPC Regulation 18705.5. 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	01/30/2018
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____