

**Agency Report of:
Public Official Appointments**

A Public Document

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|--|-------------------------------------|---|
| 1. Agency Name City of Orange | | California Form 806 For Official Use Only |
| Division, Department, or Region (If Applicable) | | |
| City Clerk | | |
| Designated Agency Contact (Name, Title) Pamela Coleman, City Clerk | | Date Posted: 04/18/19 <i>(Month, Day, Year)</i> |
| Area Code/Phone Number (714) 744-5500 | E-mail pcoleman@cityoforange.org | |
| | | Page <u>1</u> of <u>1</u> |

2. Appointments

| Agency Boards and Commissions | Name of Appointed Person | Appt Date and Length of Term | Per Meeting/Annual Salary/Stipend |
|---|--|--|---|
| Foothill/Eastern Transportation Corridor Agency | Name <u>Murphy, Mark A.</u> <i>(Last, First)</i> Alternate, if any <u>Alvarez, Michael</u> <i>(Last, First)</i> | <u>02 / 12 / 19</u> <i>Appt Date</i> <u>2 years</u> <i>Length of Term</i> | Per Meeting: \$ <u>120</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 Transportation Authority | Name <u>Murphy, Mark A.</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i> | <u>02 / 12 / 19</u> <i>Appt Date</i> <u>2 years</u> <i>Length of Term</i> | Per Meeting: \$ <u>100</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 Sanitation District | Name <u>Murphy, Mark A.</u> <i>(Last, First)</i> Alternate, if any <u>Nichols, Kimberlee</u> <i>(Last, First)</i> | <u>02 / 12 / 19</u> <i>Appt Date</i> <u>2 years</u> <i>Length of Term</i> | 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 Mosquito and Vector Control | Name <u>Alvarez, Michael</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i> | <u>02 / 12 / 19</u> <i>Appt Date</i> <u>1 year</u> <i>Length of Term</i> | 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 |

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.

Pamela Coleman Pamela Coleman City Clerk 04/18/19
Signature of Agency Head or Designee *Print Name* *Title* *(Month, Day, Year)*

Comment: _____