Agency Report of: Public Official Appointments

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. Agency Name					California 806
City of Tustin					
Division, Department, or Re	vision, Department, or Region (If Applicable)				For Official Use Only
Designated Agency Contac	t (Name,Title)				
Erica Yasuda, City Clerk					
Area Code/Phone Number	E-mail	F-mail			Date Posted:
714-573-3025	eyasuda@tustinca.org		Page 1 of 2		12.22.21 (Month, Day, Year)
2. Appointments	oyuoudu e tuotiinou.org				(Month, Day, Year)
Agency Boards and			Appt Date and		
Commissions	Name of Appointed Person		Length of Term	Per Me	eting/Annual Salary/Stipend
Foothill/Eastern TCA					120
	Name Austin Lumbard (Last, First)	1:	2 /21 /21	▶ Per Me	eeting: \$
	(Last, First)	<u> </u>	Appt Date	▶ Estima	ted Annual:
	Alternate, if any Beckie Gomez			\$0-\$1	
	Alternate, if any(Last. First)	<u> </u>	Length of Term		
				\$1,00	01-\$2,000
OC Fire Authority	Augtin Lumbard		2 /21 /21	▶ Per Meeting: \$	
	▶Name Austin Lumbard (Last, First)	— • - '	Appt Date		· ·
					ted Annual:
	Alternate, if any		Length of Term	\$0-\$1	1,000 \$2,001-\$3,000
			Lengar or Term	\$1,00	01-\$2,000
					Other
OC Sanitation District					
	Name Ryan Gallagher (Last, First)	• 12	2 /21 /21	▶ Per Me	eeting: \$
			Appt Date		
	Alternate, if any Austin Lumbard				ted Annual:
	(Last, First)	— r —	Length of Term	\$0-\$1	\$2,001-\$3,000
				\$1,00	01-\$2,000
OC Vector Control	Beckie Gomez	1	0 .04 .04	▶ Per Me	eeting: \$
	Name (Last, First)	— • 1 2	2 /21 /21 Appt Date	' ' ' ' ' '	.cumg.
				▶ Estima	ted Annual:
	Alternate, if any(Last, First)	 -	Length of Term	\$0-\$1	1,000 \$2,001-\$3,000
			Lengur or Term	\$1,00	01-\$2,000
					Other
. Verification	•	I.			
I have read and understand FPPC Re	egulation 18702.5. I have verified that the appointment an	d information	identified above is ti	rue to the be	st of my information and belief.
Erica N. Yasuda	Erica N. Yasuda	Cit	ty Clerk		12.21.22
Signature of Agency Head or Designature	nnee Print Name	_	Title		(Month, Day, Year)
Comment:					

Agency Report of: Public Official Appointments Continuation Sheet



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	Agency Name ity of Tustin	Date Posted:(Month, Day, Year)		
2.	Appointments			
	Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
	SCAG	Name Letitia Clark (Last, First) Alternate, if any(Last, First)	• 12 /21 /21 Appt Date Length of Term	▶ Per Meeting: \$
		Name(Last, First) Alternate, if any(Last, First)	Appt Date Length of Term	▶ Per Meeting: \$
		Name(Last, First) Alternate, if any(Last, First)	Appt Date Length of Term	▶ Per Meeting: \$
-		Name(Last, First) Alternate, if any(Last, First)	Appt Date Length of Term	▶ Per Meeting: \$
		Name(Last, First) Alternate, if any(Last, First)	Appt Date Length of Term	▶ Per Meeting: \$
		Name(Last, First) Alternate, if any(Last, First)	Appt Date Length of Term	▶ Per Meeting: \$