

Agency Report of: Public Official Appointments

A Public Document

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|---|--|--|
| 1. Agency Name City of Tustin <hr/> Division, Department, or Region <i>(If Applicable)</i> <hr/> Designated Agency Contact <i>(Name, Title)</i> Erica Yasuda, City Clerk <hr/> Area Code/Phone Number E-mail 714-573-3025 eyasuda@tustinca.org | | <div style="border: 2px solid black; padding: 5px; display: inline-block;"> California Form 806 For Official Use Only </div> Date Posted: <hr/> (Month, Day, Year) |
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2. Appointments

| Agency Boards and Commissions | Name of Appointed Person | Appt Date and Length of Term | Per Meeting/Annual Salary/Stipend |
|-------------------------------|---|--|---|
| Foothill/Eastern TCA | ▶ Name <u>Schnell</u> <small>(Last, First)</small> Alternate, if any <u>Nielsen</u> <small>(Last, First)</small> | ▶ <u>12/3/2024</u> <small>Appt Date</small> ▶ _____ <small>Length of Term</small> | ▶ Per Meeting: \$ <u>120.00</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"/> _____ <small>Other</small> |
| OC Fire Authority | ▶ Name <u>Lumbard</u> <small>(Last, First)</small> Alternate, if any <u>N/A</u> <small>(Last, First)</small> | ▶ <u>12/3/2024</u> <small>Appt Date</small> ▶ _____ <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 checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ <small>Other</small> |
| OC Sanitation District | ▶ Name <u>Gallagher</u> <small>(Last, First)</small> Alternate, if any <u>Lumbard</u> <small>(Last, First)</small> | ▶ <u>12/3/2024</u> <small>Appt Date</small> ▶ _____ <small>Length of Term</small> | ▶ Per Meeting: \$ <u>315.00</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"/> _____ <small>Other</small> |
| | ▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small> | ▶ _____ <small>Appt Date</small> ▶ _____ <small>Length of Term</small> | ▶ Per Meeting: \$ _____ ▶ 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"/> _____ <small>Other</small> |

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.

| | | | |
|---|--|------------------------------------|---|
| Signed by: <small>Signature of Agency Head or Designee</small> | Erica N. Yasuda <small>Print Name</small> | City Clerk <small>Title</small> | 12/19/24 <small>(Month, Day, Year)</small> |
|---|--|------------------------------------|---|

Comment: _____

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Clear