

**Agency Report of:
Public Official Appointments**

A Public Document


1. Agency Name City of San Juan Capistrano			California Form 806 For Official Use Only
Division, Department, or Region (If Applicable) n/a			
Designated Agency Contact (Name, Title) Maria Morris, City Clerk		Page <u>1</u> of <u>2</u>	Date Posted: 1/27/2021 <small>(Month, Day, Year)</small>
Area Code/Phone Number (949) 443-6309	E-mail mmorris@sanjuancapistrano.org		

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>Sergio Farias</u> <small>(Last, First)</small> Alternate, if any <u>Howard Hart</u> <small>(Last, First)</small>	▶ <u>1 / 19 / 21</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"/> Other
Orange County Fire Authority (OCFA)	▶ Name <u>Troy Bourne</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 19 / 21</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 checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
Orange County Vector Control District	▶ Name <u>John Taylor</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 19 / 21</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 checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
Transportation Corridor Agencies (TCA)	▶ Name <u>John Taylor</u> <small>(Last, First)</small> Alternate, if any <u>Howard Hart</u> <small>(Last, First)</small>	▶ _____ <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 type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>3000-5000</u> <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.

 <small>Signature of Agency Head or Designee</small>	Christy Jakl <small>Print Name</small>	Assistant City Clerk <small>Title</small>	1/27/2021 <small>(Month, Day, Year)</small>
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Comment: _____

**Agency Report of:
Public Official Appointments
Continuation Sheet**

1. Agency Name City of San Juan Capistrano	Date Posted: <u>1/27/2021</u> (Month, Day, Year)
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Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Southern California Association of Governments (SCAG)	Name <u>John Taylor</u> <small>(Last, First)</small> Alternate, if any <u>Troy Bourne</u> <small>(Last, First)</small>	Appt Date <u>1 / 19 / 21</u> <small>Appt Date</small> Length of Term <u>1 year</u> <small>Length of Term</small>	Per Meeting: \$ <u>120.00</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"/> Other
South Orange County Wastewater Authority Joint Powers (SOCWA)	Name <u>Sergio Farias</u> <small>(Last, First)</small> Alternate, if any <u>Howard Hart</u> <small>(Last, First)</small>	Appt Date <u>1 / 19 / 21</u> <small>Appt Date</small> Length of Term <u>1 year</u> <small>Length of Term</small>	Per Meeting: \$ <u>100.00</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"/> Other
	Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	Appt Date ____ / ____ / ____ <small>Appt Date</small> Length of Term _____ <small>Length of Term</small>	Per Meeting: \$ _____ 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"/> Other
	Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	Appt Date ____ / ____ / ____ <small>Appt Date</small> Length of Term _____ <small>Length of Term</small>	Per Meeting: \$ _____ 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"/> Other
	Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	Appt Date ____ / ____ / ____ <small>Appt Date</small> Length of Term _____ <small>Length of Term</small>	Per Meeting: \$ _____ 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"/> Other
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