

**Agency Report of:
Public Official Appointments**

A Public Document

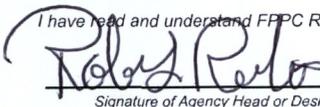
1. Agency Name		California Form 806 <small>For Official Use Only</small>	
City of Westminster			
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title)		Date Posted:	
Robin L. Roberts		01/15/2015	
Area Code/Phone Number	E-mail	Page <u>1</u> of <u>1</u>	(Month, Day, Year)
714-548-3237	RRoberts@westminster-ca.gov		

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Orange County Fire Authority (OCFA)	▶ Name <u>Ta, Tri</u> <small>(Last, First)</small> Alternate, if any <u>Contreras, Sergio</u> <small>(Last, First)</small>	▶ <u>01 / 14 / 15</u> <small>Appt Date</small> ▶ <u>2 years</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>Other</u>
Public Cable Television Authority	▶ Name <u>Ta, Tri</u> <small>(Last, First)</small> Alternate, if any <u>Rice, Margie</u> <small>(Last, First)</small>	▶ <u>01 / 14 / 15</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"/> <u>Other</u>
Orange County Vector Control	▶ Name <u>Contreras, Sergio</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 09 / 13</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"/> <u>Other</u>
West Orange County Water Board	▶ Name <u>Diep, Tyler</u> <small>(Last, First)</small> Alternate, if any <u>Carey, Diana</u> <small>(Last, First)</small>	▶ <u>01 / 14 / 15</u> <small>Appt Date</small> ▶ <u>2 years</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>Other</u>

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.

	Robin L. Roberts	City Clerk	01/15/15
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: _____