

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name City of Los Alamitos			California Form 806 For Official Use Only
Division, Department, or Region (If Applicable) City Clerk's Office			Date Posted: <u>12/18/2024</u> <small>(Month, Day, Year)</small>
Designated Agency Contact (Name, Title) Windmera Quintanar, MMC, City Clerk			
Area Code/Phone Number (562) 431-3538	E-mail wquintanar@cityoflosalamitos.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
Orange County Fire Authority - Board of Directors	▶ Name <u>Hasselbrink, Shelley</u> <small>(Last, First)</small> Alternate, if any <u>n/a</u> <small>(Last, First)</small>	▶ <u>12 / 16 / 24</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ 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 - Board of Directors	▶ Name <u>Nefulda, Jordan</u> <small>(Last, First)</small> Alternate, if any <u>Doby, Tanya</u> <small>(Last, First)</small>	▶ <u>12 / 16 / 24</u> <small>Appt Date</small> ▶ <u>1 year</u> <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"/> Other
Orange County Mosquito and Vector Control District	▶ Name <u>Doby, Tanya</u> <small>(Last, First)</small> Alternate, if any <u>n/a</u> <small>(Last, First)</small>	▶ <u>12 / 18 / 23</u> <small>Appt Date</small> ▶ <u>2 year</u> <small>Length of Term</small>	▶ 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
	▶ 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 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.

 Windmera Quintanar, MMC City Clerk 12/16/24
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____