

**Agency Report of:  
Public Official Appointments**

**A Public Document**

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CITY OF DANA POINT  
CITY CLERK'S DEPARTMENT

California Form **806**

For Official Use Only

**1. Agency Name**

City of Dana Point

Division, Department, or Region (If Applicable)

Designated Agency Contact (Name, Title)

Kathy Ward, City Clerk

Area Code/Phone Number

949/248-3505

E-mail

kward@danapoint.org

Page 1 of 1

Date Posted:

2/8/21

(Month, Day, Year)

**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	<p>▶ Name <u>Viczorek, Richard</u> <small>(Last, First)</small></p> <p>Alternate, if any <u>Federico, Jamey</u> <small>(Last, First)</small></p>	<p>▶ <u>1 / 19 / 21</u> <small>Appt Date</small></p> <p>▶ <u>1/21 - 12/21</u> <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>100.00</u></p> <p>▶ 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</p>
	<p>▶ Name _____ <small>(Last, First)</small></p> <p>Alternate, if any _____ <small>(Last, First)</small></p>	<p>▶ <u> / /</u> <small>Appt Date</small></p> <p>▶ _____ <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ _____</p> <p>▶ 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</p>
	<p>▶ Name _____ <small>(Last, First)</small></p> <p>Alternate, if any _____ <small>(Last, First)</small></p>	<p>▶ <u> / /</u> <small>Appt Date</small></p> <p>▶ _____ <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ _____</p> <p>▶ 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</p>
	<p>▶ Name _____ <small>(Last, First)</small></p> <p>Alternate, if any _____ <small>(Last, First)</small></p>	<p>▶ <u> / /</u> <small>Appt Date</small></p> <p>▶ _____ <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ _____</p> <p>▶ 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</p>

**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.

Kathy M. Ward  
Signature of Agency Head or Designee

Kathy Ward

Print Name

City Clerk

Title

2/8/21

(Month, Day, Year)

Comment: \_\_\_\_\_