

**Agency Report of:
Public Official Appointments**

A Public Document

RECEIVED

1. Agency Name

City of Dana Point

Division, Department, or Region (If Applicable)

Designated Agency Contact (Name, Title)

Area Code/Phone Number

949/248-3506

E-mail

kward@danapoint.org

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California Form **806**

For Official Use Only

2021 FEB -5 PM 4:07

CITY OF DANA POINT
CITY CLERK'S DEPARTMENT

Date Posted:

2/8/21

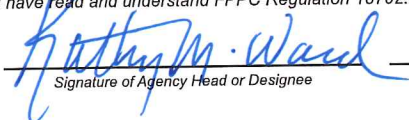
(Month, Day, Year)

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Orange County Fire Authority Board of Directors & Budget & Finance Committee	<p>▶ Name <u>Muller, Joe</u> <small>(Last, First)</small></p> <p>Alternate, if any _____ <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 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></p>
	<p>▶ Name _____ <small>(Last, First)</small></p> <p>Alternate, if any _____ <small>(Last, First)</small></p>	<p>▶ _____ <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"/> _____ <small>Other</small></p>
	<p>▶ Name _____ <small>(Last, First)</small></p> <p>Alternate, if any _____ <small>(Last, First)</small></p>	<p>▶ _____ <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"/> _____ <small>Other</small></p>
	<p>▶ Name _____ <small>(Last, First)</small></p> <p>Alternate, if any _____ <small>(Last, First)</small></p>	<p>▶ _____ <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"/> _____ <small>Other</small></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.


Signature of Agency Head or Designee

Kathy Ward

Print Name

City Clerk

Title

2/8/21

(Month, Day, Year)

Comment: _____