

**Agency Report of:  
Public Official Appointments**

**A Public Document**

<b>1. Agency Name</b> City of Los Alamitos		<b>California Form 806</b> For Official Use Only	
Division, Department, or Region (If Applicable)			
<b>Designated Agency Contact (Name, Title)</b> Windmera Quintanar, CMC, City Clerk			
Area Code/Phone Number 562-431-3538	E-mail wquintanar@cityoflosalamitos.org	Page <u>1</u> of <u>1</u>	<b>Date Posted:</b>  (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	▶ Name <u>Shelley Hasselrbink</u> <small>(Last, First)</small>  Alternate, if any <u>n/a</u> <small>(Last, First)</small>	▶ <u>12 / 12 / 16</u> <small>Appt Date</small>  ▶ <u>One 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 Sanitation District - Board of Directors	▶ Name <u>Richard Murphy</u> <small>(Last, First)</small>  Alternate, if any <u>Warren Kusumoto</u> <small>(Last, First)</small>	▶ <u>12 / 12 / 16</u> <small>Appt Date</small>  ▶ <u>One Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>212.50</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>Warren Kusumoto</u> <small>(Last, First)</small>  Alternate, if any <u>n/a</u> <small>(Last, First)</small>	▶ <u>12 / 14 / 15</u> <small>Appt Date</small>  ▶ <u>Two 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
	▶ 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.*

  
Signature of Agency Head or Designee

Windmera Quintanar, CMC  
Print Name

City Clerk  
Title

12-13-16  
(Month, Day, Year)

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