Agency Report of: Public Official Appointments

A Public Document

Public Official Appointments					A	Public Document	
1.	Agency Name City of Cypress					California 806	
				-		The state of the s	
	Division, Department, or Region (If Applicable)			1		For Official Use Only	
	Designated Agency Contact	(Nama Titla)					
	Designated Agency Contact (Name, Title)						
	Alisha Farnell, City Clerk					Date Posted:	
	Area Code/Phone Number			Page 1	of ¹ 01/10/2023		
	714-229-6685	cityclerk@cypressca.org				(Month, Day, Year)	
2.	Appointments						
	Agency Boards and Commissions	Name of Appointed Person		Appt Date and Length of Term	Per M	eeting/Annual Salary/Stipend	
	Orange County Fire Authority					100.00	
		Hertz-Mallari Anne	0.			► Per Meeting: \$ 100.00	
		Name Hertz-Mallari, Anne (Last, First)	— ° -				
						Estimated Annual:	
		Alternate, if any(Last, First)	<u> </u>	<u>1 year</u>		\$0-\$1,000 \$2,001-\$3,000	
		(Last, First)		Length of Term		\$1,001-\$2,000	
						Other	
	Orange County Mosquito				100.00		
	and Vector Control District	Name Peat, Bonnie (Last, First)	▶ 0	01 /09 /23		▶ Per Meeting: \$ 100.00	
		(Last, First) Alternate, if any(Last, First)		Appt Date 1 year Length of Term		► Estimated Annual: □ \$0-\$1,000 □ \$2,001-\$3,000	
					\$1,0	01-\$2,000	
				10		er a special and	
	Orange County Sanitation District			1 2 2		212.50	
		▶Name Minikus, Scott	• <u>0</u>	01 /09 /23 Appt Date		 ▶ Per Meeting: \$ 212.50 ▶ Estimated Annual: □ \$0-\$1,000 ■ \$2,001-\$3,000 	
		(Last, First)					
		Alternate, if any Peat, Bonnie	, 1				
		(Last, First)		Length of Term			
						\$1,001-\$2,000 Other	
					+		
					▶ Per M	eeting: \$	
		▶Name	— • –	//		, i oi wooding. •	
		, 5000 00 100		. perman	▶ Estima	ated Annual:	
		Alternate, if any	_	Length of Term		\$0-\$1,000 \$2,001-\$3,000 \$1,001-\$2,000 \$\infty\$	
_							
	Varification						
) .	Verification I have read and understand FPPC Regulation	ulation 18702.5. I have verified that the appointment an	d information	n identified above is t	rue to the be	est of my information and belief.	
	Alisha Farnell Signature of Agency Head or Designee Print Name					01/10/2023	
			City	City Clerk		(Month, Day, Year)	
	Signature of Agency Head or Designe	ее ғил мате		Title		(Month, Day, 16al)	
	Community						
	Comment:						