Agency Report of:

0.25		25 1 2		111111111111111111111111111111111111111			1000
A	Ю.	ubl	-		 		- 4
//	_				I I I'M	וסו	7
			1100				

P	ublic Official Appoint	tments			ΑF	Public Document	
1.	Agency Name City of Seal Beach				California 806		
	Division, Department, or Reg	ion (If Applicable)	\neg			For Official Use Only	
	City Clerk						
	Designated Agency Contact	(Name,Title)	-				
	Gloria D. Harper, City Clerk						
	Area Code/Phone Number	E-mail		4	2	Date Posted: 02/28/19	
	562-431-2527 x1305	gharper@sealbeachca.gov	Pi	age <u>1</u> of		(Month, Day, Year)	
2.	Appointments						
	Agency Boards and Commissions	Name of Appointed Person		pt Date and igth of Term	Per Me	eeting/Annual Salary/Stipend	
	California Joint Powers Insurance Authority	Moore, Thomas (Last, First) Ingram, Jill Alternate, if any (Last, First)		/ 25 / 19 Appt Date 1 year Length of Term	▶ Estima	100.00 ated Annual: 1,000	
	Orange County Fire Authority (OCFA)	Moore, Thomas Name (Last, First) N/A Alternate, if any (Last, First)	<u>02</u>	/ 25 / 19 Appt Date 1 year Length of Term	▶ Estima \$0-\$^	ated Annual: 1,000	
	Orange County Sanitation District, Board of Directors	Massa-Lavitt, Sandra (Last, First) Sustarsic, Schelly Alternate, if any (Last, First)		/ 25 / 19 Appt Date 1 year Length of Term	_ Per Meeting: \$		
	Orange County Vector Control Board	Massa-Lavitt, Sandra Name (Last, First) N/A Alternate, if any (Last, First)	P	/ 25 / 19 Appt Date 2 years Length of Term	▶ Estima \$0-\$^	100.00 ated Annual: 1,000	
3.	Verification						
	I have read and understand FPPC Regu	ulation 18702.5. I have verified that the appointment and infor	mation ide				
	MARIN	Gloria D. Harper		City Clerk	(02/28/19	
	Signature of Agency Head or Designe	e Print Name		Title		(Month, Day, Year)	
	Appointments ma	ade by City Council Resolution 6897 adopte	ed 02/2	5/19			

Agency Report of: Public Official Appointments **Continuation Sheet**



Page	2	of	2
		_ ~ _	

•	Agency Name City of Seal Beach			Date Posted:
2.	Appointments			
	Agency Boards and Commissions	Name of Appointed Person Appt Da		Per Meeting/Annual Salary/Stipend
	West Orange County Water board	Sustarsic, Schelly (Last, First) Alternate, if any Massa-Lavitt, Sandra (Last, First)		▶ Per Meeting: \$
		Name(Last, First) Alternate, if any(Last, First)	Appt Date Length of Term	▶ Per Meeting: \$
		Name(Last, First) Alternate, if any(Last, First)	Appt Date Length of Term	▶ Per Meeting: \$
		Name(Last, First) Alternate, if any(Last, First)	Appt Date Length of Term	▶ Per Meeting: \$
		Name(Last, First) Alternate, if any(Last, First)	Appt Date Length of Term	▶ Per Meeting: \$
		Name(Last, First) Alternate, if any(Last, First)	Appt Date Length of Term	▶ Per Meeting: \$

Other