Agency Report of: Public Official Appointments

Δ	Ρı	ıh	lic	ח	OC!	ım	ent	

						ublic Document		
١.	Agency Name					California 806		
	City of Seal Beach]		For Official Use Only		
	Division, Department, or Reg	ion (If Applicable)				,		
	City Clerk							
	Designated Agency Contact	(Name, Title)		1				
	Gloria D. Harper, City Clerk					Date Posted:		
	Area Code/Phone Number	E-mail		Page 1 of	2	01/10/2022		
	562-431-2527 x1305	gharper@sealbeachca.gov		l ageo		(Month, Day, Year)		
2.	Appointments	ppointments						
	Agency Boards and Commissions	Name of Appointed Person		Appt Date and Length of Term	Per Me	eeting/Annual Salary/Stipend		
	California Joint Powers Insurance Authority	Name Kalmick, Joe (Last, First) Alternate, if any Ingram, Jill (Last, First)	• <u>0</u>	1 / 10 / 2022 Appt Date 1 year Length of Term	▶ Estima	100.00 ated Annual: 1,000		
	Orange County Fire Authority	Name Kalmick, Joe (Last, First) Alternate, if any (Last, First)	<u>01</u>	1 / 10 / 2022 Appt Date year Length of Term	► Estima	nted Annual: 1,000		
	Orange County Sanitation District, Board of Directors	Name Massa-Lavitt, Sandra (Last, First) Alternate, if any Sustarsic, Schelly (Last, First)	<u>0</u>	year Length of Term	▶ Estima \$0-\$^	212.50 ated Annual: 1,000		
	Orange County Vector Control Board	Name Massa-Lavitt, Sandra (Last, First) Alternate, if any (Last, First)		11 / 10 / 2022 Appt Date year Length of Term	\$0-\$	oted Annual:		
š.	Verification		'					
	I have read and understand FPPC Regu	ulation 18702.5. I have verified that the appointment ar	nd information	identified above is tru	e to the be	st of my information and belief.		
		Gloria D. Harper	City	Clerk		01/10/2022		
	Signature of Agency Head or Designe	e Print Name		Title		(Month, Day, Year)		
		ade by City Council Resolution 7234 a	dopted 1/			(month, 3d),		

Agency Report of: Public Official Appointments Continuation Sheet

California Form	806
A Public D	ocument

	Page	of
1. Agency Name City of Seal Beach	Date Posted: .	01/10/2022 (Month, Day, Year)

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
West Orange County	Name Sustarsic, Schelly (Last, First) Alternate, if any Massa-Lavitt, Sandra (Last, First)	01 / 10 / 2022 Appt Date 1 year 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)	Appt Date	➤ Per Meeting: \$ ➤ Estimated Annual:
Alternate, if any(Last, First)	Length of Term	\$0-\$1,000 \$2,001-\$3,000 \$1,001-\$2,000 \$\frac{1}{2}\$
▶Name(Last, First)		Per Meeting: \$ Estimated Annual:
Alternate, if any(Last, First)	Length of Term	\$0-\$1,000 \$2,001-\$3,000 \$1,001-\$2,000 \$\int_{\text{Other}}\$
		Suci