## Agency Report of: Public Official Appointments

## A Public Document

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1.	Agency Name			California 806					
	City of Seal Beach			I OIIII					
	Division, Department, or Reg			For Official Use Only					
	City Clerk								
	Designated Agency Contact								
	Gloria D. Harper, City Clerk								
	Area Code/Phone Number	E-mail		1	2	Date Posted:			
	562-335-9569	gharper@sealbeachca.gov		Page 1 c	of <u>~</u>	1/24/2024 (Month, Day, Year)			
2.	Appointments								
	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	Sustarsic, Schelly  (Last, First)  Alternate, if any Ingram, Jill  (Last. First)	<u>} 1</u>	/22/2024 Appt Date  1 year Length of Term	Estima	▶ Per Meeting:       \$ 100.00         ▶ Estimated Annual:       \$ \$0.\$1,000       \$ \$2,001-\$3,000         ■ \$1,001-\$2,000       \$ \$0.\$1,000       \$ \$0.\$1,000			
,	Orange County Fire Authority	NameKalmick, Joe (Last, First) N/A Alternate, if any(Last, First)	_ <u> </u>	/22/2024 Appt Date  1 year Length of Term	Estima	Per Meeting: \$ 100.00  Estimated Annual:  \$0-\$1,000			
	Orange County Sanitation District, Board of Directors	Name Sustarsic, Schelly  (Last, First)  Alternate, if any Landau, Lisa  (Last, First)	_ <u> </u>	/22/2024  Appl Date  1 year  Length of Term	▶ Estima  □ \$0-\$	212.50  setting: \$ 212.50  setting: \$ 212.50  setting: \$ 212.50  setting: \$ 212.50  other			
	Orange County Vector Control Board	NameSteele, Nathan(Last, First)  N/A  Alternate, if any(Last, First)	_ <u> </u>	/22/2024  Appt Date  4 year  Length of Term	▶ Estima	eeting: \$			
3.	Signature of Agency Head or Designe	Gloria D. Harper  Print Name		n identified above is tr Clerk Title	ue to the be	st of my information and belief.  1/23/2024  (Month, Day, Year)			
	Comment:								

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1.	Agency Name					California 806		
	City of Seal Beach					Form OUO For Official Use Only		
9	Division, Department, or Region (If Applicable)					For Official Ose Offiy		
	City Clerk							
	<b>Designated Agency Contact</b>	(Name,Title)						
	Gloria D. Harper, City Clerk	oria D. Harper, City Clerk						
	Area Code/Phone Number	E-mail			2	Date Posted:		
	562-335-9569	gharper@sealbeachca.gov		Page 2 c	of <u>~</u>	1/24/2024 (Month, Day, Year)		
2.	Appointments		(month, bey,					
	Agency Boards and Commissions	Name of Appointed Person		Appt Date and Length of Term	Per Me	eting/Annual Salary/Stipend		
	West Orange County Water Board	Name Steele, Nathan (Last, First)  Alternate, if any Kalmick, Joe (Last, First)	_   1/	/22/2024 Appt Date  1 year Length of Term	▶ <i>Estima</i>	Per Meeting: \$		
		Name(Last, First)  Alternate, if any(Last, First)	_  -	Appt Date  Length of Term	▶ <i>Estima</i>	▶ Per Meeting:       \$		
	Orange County Sanitation District, Board of Directors	Name(Last, First)  Alternate, if any(Last, First)	_	Appt Date  Length of Term	▶ <i>Estima</i>	ted Annual: ,000		
	Orange County Vector Control Board	Name(Last, First)  Alternate, if any(Last, First)	_	Appt Date  Length of Term	▶ <i>Estima</i>	ted Annual: ,000		
3.	Verification I have read and understand FPPC Regulation Signature of Agency Head or Designe  Comment:	ulation 18702.5. I have verified that the appointment and Gloria D. Harper  Print Name		identified above is tr Clerk Tille	ue to the bes	st of my information and belief.  1/23/2024  (Month, Day, Year)		
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