

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name City of Dana Point Division, Department, or Region (If Applicable)		RECEIVED 2012 JUN 28 P 5:49 CITY OF DANA POINT	California Form 806 For Official Use Only
Designated Agency Contact (Name, Title) Kathy Ward, City Clerk			Date Posted: 6-28-12 (Month, Day, Year)
Area Code/Phone Number 949/248-3505	E-mail kward@danapoint.org	Page 1 of 1	

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 (OCFA) Board of Directors	▶ Name <u>Weinberg, Steven</u> <small>(Last, First)</small> Alternate, if any <u>Brough, Bill</u> <small>(Last, First)</small>	▶ <u>4 / 17 / 12</u> <small>Appt Date</small> ▶ <u>April-Dec, 2012</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 Vector Control District	▶ Name <u>Weinberg, Steven</u> <small>(Last, First)</small> Alternate, if any <u>Brough, Bill</u> <small>(Last, First)</small>	▶ <u>4 / 17 / 12</u> <small>Appt Date</small> ▶ <u>April-Dec, 2012</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input 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
	▶ 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 18705.5. 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	Kathy Ward Print Name	City Clerk Title	6-28-12 (Month, Day, Year)
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Comment: _____