Agency Report of:
Public Official Appointments

A Public Document

1. Agency Name

City of Dana Point

Division, Department, or Region *(If Applicable)*

City Council

Designated Agency Contact *(Name, Title)*

Shayna Sharke, City Clerk

Area Code/Phone Number	E-mail
949-248-3505	ssharke@danapoint.org

California Form 806

For Official Use Only

Date Posted: 4/3/2025 *(Month, Day, Year)*

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
California Joint Powers Insurance Authority	Name: John Gabbard *(Last, First)* Alternate, if any: Matthew Pagano *(Last, First)*	Appt Date: 2024 Length of Term: 1 year	Per Meeting: $ 100 Estimated Annual: ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
Foothill / Eastern TCA	Name: Mike Frost *(Last, First)* Alternate, if any: Jamey M. Federico *(Last, First)*	Appt Date: 2024 Length of Term: 1 year	Per Meeting: $ 120 Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☒ $1,001-$2,000 ☐ Other
Orange County Fire Authority	Name: Mike Frost *(Last, First)* Alternate, if any: *(Last, First)*	Appt Date: 2024 Length of Term: 1 year	Per Meeting: $ 100/day Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☒ $1,001-$2,000 ☐ Other
Orange County Mosquito & Vector Control District	Name: John Gabbard *(Last, First)* Alternate, if any: *(Last, First)*	Appt Date: 2023 Length of Term: 2 year	Per Meeting: $ 100/month Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☒ $1,001-$2,000 ☐ Other

3. Verification

I have read and understand FPPC Regulation 18702.5. 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	Print Name	Title	(Month, Day, Year)
Shayna Sharke	Shayna Sharke	City Clerk	4/3/2025

Comment:

Print Clear

Agency Report of: Public Official Appointments Continuation Sheet

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1. Agency Name

Date Posted: ____________ (Month, Day, Year)

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
San Joaquin TCA	Name (Last, First): Jamey M. Federico Alternate, if any (Last, First): Mike Frost	Appt Date: 2024 Length of Term: 1 year	Per Meeting: $ 120 Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☒ $1,001-$2,000 ☐ Other
	Name (Last, First): Alternate, if any (Last, First):	Appt Date: Length of Term:	Per Meeting: $ Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
	Name (Last, First): Alternate, if any (Last, First):	Appt Date: Length of Term:	Per Meeting: $ Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
	Name (Last, First): Alternate, if any (Last, First):	Appt Date: Length of Term:	Per Meeting: $ Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
	Name (Last, First): Alternate, if any (Last, First):	Appt Date: Length of Term:	Per Meeting: $ Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
	Name (Last, First): Alternate, if any (Last, First):	Appt Date: Length of Term:	Per Meeting: $ Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other

Print Clear