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

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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)*	2025 *Appt Date* 1 year *Length of Term*	Per Meeting: $ 100 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)*	2025 *Appt Date* 1 year *Length of Term*	Per Meeting: $ 100/day 300 max 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)*	2025 *Appt Date* 2 year *Length of Term*	Per Meeting: $ 100 Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☒ $1,001-$2,000 ☐ ____ *Other*
Transportation Corridor Agency	Name: Mike Frost *(Last, First)* Alternate, if any: Jamey M. Federico *(Last, First)*	2025 *Appt Date* 1 year *Length of Term*	Per Meeting: $ 120 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: ____

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