

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name		California Form 806	For Official Use Only
City of Placentia			
Division, Department, or Region (If Applicable)			
City Council			
Designated Agency Contact (Name, Title)			
Karen O'Leary, Deputy City Clerk			
Area Code/Phone Number	E-mail	Page <u>1</u> of <u>1</u>	Date Posted: 01/13/2021 <small>(Month, Day, Year)</small>
714-993-8244	koleary@placentia.org		

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Orange County Sanitation District	▶ Name <u>Chad P. Wanke</u> <small>(Last, First)</small>	▶ <u>01 / 12 / 21</u> <small>Appt Date</small>	▶ Per Meeting: \$ <u>212.50</u>
	Alternate, if any <u>Ward L. Smith</u> <small>(Last, First)</small>	▶ <u>1 Year</u> <small>Length of Term</small>	▶ 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 - Board of Trustees	▶ Name <u>Craig S. Green</u> <small>(Last, First)</small>	▶ <u>01 / 12 / 21</u> <small>Appt Date</small>	▶ Per Meeting: \$ <u>100.00/mtng</u>
	Alternate, if any _____ <small>(Last, First)</small>	▶ <u>2 Years</u> <small>Length of Term</small>	▶ 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
Southern California Association of Governments	▶ Name <u>Ward L. Smtih</u> <small>(Last, First)</small>	▶ <u>01 / 12 / 21</u> <small>Appt Date</small>	▶ Per Meeting: \$ <u>120</u>
	Alternate, if any <u>Rhonda Shader</u> <small>(Last, First)</small>	▶ <u>1 Year</u> <small>Length of Term</small>	▶ 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
	▶ Name _____ <small>(Last, First)</small>	▶ _____ <small>Appt Date</small>	▶ Per Meeting: \$ _____
	Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Length of Term</small>	▶ 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 18702.5. I have verified that the appointment and information identified above is true to the best of my information and belief.

 <small>Signature of Agency Head or Designee</small>	<u>Damien R. Arrula</u> <small>Print Name</small>	<u>City Administrator</u> <small>Title</small>	<u>01/13/2021</u> <small>(Month, Day, Year)</small>
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Comment: _____