

Agency Report of: Public Official Appointments

A Public Document

1. Agency Name City of Placentia			California Form 806 For Official Use Only
Division, Department, or Region (If Applicable) City Clerk's Office			
Designated Agency Contact (Name, Title) Brooke Lovell, Deputy City Clerk			
Area Code/Phone Number 714-993-8231	E-mail blovell@placentia.org	Page <u>1</u> of <u>1</u>	Date Posted: <u>1/14/2026</u> <small>(Month, Day, Year)</small>

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>Wanke</u> <small>(Last, First)</small> Alternate, if any <u>Smith</u> <small>(Last, First)</small>	▶ <u>1/14/2025</u> <small>Appt Date</small> ▶ <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>330.75</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>\$3,969</u> <small>Other</small>
Orange County Mosquito & Vector Control District	▶ Name <u>Hummer</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1/14/2026</u> <small>Appt Date</small> ▶ <u>2 Years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</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"/> _____ <small>Other</small>
Southern California Association of Governments	▶ Name <u>Smith</u> <small>(Last, First)</small> Alternate, if any <u>Wanke</u> <small>(Last, First)</small>	▶ <u>1/14/2025</u> <small>Appt Date</small> ▶ <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150.00</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"/> _____ <small>Other</small>
	▶ 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"/> _____ <small>Other</small>

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.

	Brooke Lovell	Deputy City Clerk	1/14/2026
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: _____

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Clear