

**Agency Report of:
Public Official Appointments**

A Public Document

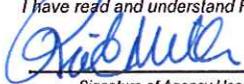
1. Agency Name City of Fountain Valley		California Form 806 For Official Use Only
Division, Department, or Region (If Applicable)		
Rick Miller		
Designated Agency Contact (Name, Title) City Clerk/Administrator		Date Posted: 12/21/2017 <i>(Month, Day, Year)</i>
Area Code/Phone Number 714-593-4445	E-mail kathy.heard@fountainvalley.org	
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2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Public Cable Television Authority (11 meetings per year)	Name <u>Brothers, Cheryl</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	<u>12 / 19 / 17</u> <i>Appt Date</i> <u>1 year</u> <i>Length of Term</i>	▶ Per Meeting: \$ _____ 100 ▶ 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"/> _____ <i>Other</i>
Public Cable Television Authority (11 meetings per year)	Name <u>Vo, Michael</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	<u>12 / 19 / 17</u> <i>Appt Date</i> <u>1 year</u> <i>Length of Term</i>	▶ Per Meeting: \$ _____ 100 ▶ 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"/> _____ <i>Other</i>
California Joint Powers Insurance Authority (CJPIA) (1 meeting per year)	Name <u>McCurdy, Mark</u> <i>(Last, First)</i> Alternate, if any <u>Miller, Rick</u> <i>(Last, First)</i>	<u>12 / 19 / 17</u> <i>Appt Date</i> <u>1 year</u> <i>Length of Term</i>	▶ Per Meeting: \$ _____ 100 ▶ 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"/> _____ <i>Other</i>
Orange County Sanitation District Board/Administrative Committee (12 meetings/10 meetings per year)	Name <u>Nagel, Steve</u> <i>(Last, First)</i> Alternate, if any <u>Vo, Michael</u> <i>(Last, First)</i>	<u>12 / 19 / 17</u> <i>Appt Date</i> <u>1 year</u> <i>Length of Term</i>	▶ Per Meeting: \$ _____ 212.50 ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ <i>Other</i>

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

Rick Miller

Print Name

City Clerk / Administrator

Title

12/21/2017

(Month, Day, Year)

Comment: _____

