

**Agency Report of:
Public Official Appointments**

A Public Document

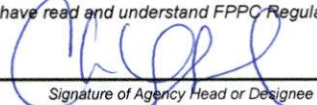
1. Agency Name City of San Juan Capistrano		California Form 806	For Official Use Only
Division, Department, or Region (If Applicable) n/a			
Designated Agency Contact (Name, Title) Christy Jakl, City Clerk			
Area Code/Phone Number (949) 443-6310	E-mail cjakl@sanjuancapistrano.org	Page <u>1</u> of <u>2</u>	Date Posted: <u>12/18/2024</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
California Joint Powers Insurance Authority	▶ Name <u>Howard Hart</u> <small>(Last, First)</small> Alternate, if any <u>John Taylor</u> <small>(Last, First)</small>	▶ <u>12/17/2024</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</u> ▶ 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
Orange County Fire Authority (OCFA)	▶ Name <u>Troy A. Bourne</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12/17/2024</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</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"/> Other
Orange County Vector Control District	▶ Name <u>John Taylor</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12/17/2024</u> <small>Appt Date</small> ▶ <u>2 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</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"/> Other
Transportation Corridor Agencies (TCA)	▶ Name <u>John Taylor</u> <small>(Last, First)</small> Alternate, if any <u>Howard Hart</u> <small>(Last, First)</small>	▶ <u>12/17/2024</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>120.00</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>3000-5000</u> <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.

 <small>Signature of Agency Head or Designee</small>	Christy Jakl <small>Print Name</small>	City Clerk <small>Title</small>	12/18/2024 <small>(Month, Day, Year)</small>
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Comment: _____

Print

Clear

**Agency Report of:
Public Official Appointments
Continuation Sheet**

1. Agency Name City of San Juan Capistrano	Date Posted: <u>12/18/2024</u> <i>(Month, Day, Year)</i>
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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
Southern California Association of Governments (SCAG)	▶ Name <u>John Campbell</u> <i>(Last, First)</i> Alternate, if any <u>Troy A. Bourne</u> <i>(Last, First)</i>	▶ <u>12/17/2024</u> <i>Appt Date</i> ▶ <u>1 year</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>120.00</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"/> <u> </u> Other
	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ _____ <i>Appt Date</i> ▶ _____ <i>Length of Term</i>	▶ 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"/> _____ Other
	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ _____ <i>Appt Date</i> ▶ _____ <i>Length of Term</i>	▶ 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"/> _____ Other
	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ _____ <i>Appt Date</i> ▶ _____ <i>Length of Term</i>	▶ 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"/> _____ Other
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	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ _____ <i>Appt Date</i> ▶ _____ <i>Length of Term</i>	▶ 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"/> _____ Other