

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name

City of Laguna Niguel

Division, Department, or Region (If Applicable)

California Form 806

For Official Use Only

Designated Agency Contact (Name, Title)

Marissa J. Asistin, City Clerk

Area Code/Phone Number

(949)362-4301

E-mail

cityclerk@cityoflaguneniguel.org

Date Posted:

12/18/2024

(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 (CJPIA)	<p>► Name <u>Gennawey, Ray</u> (Last, First)</p> <p>Alternate, if any <u>Jennings, Kelly</u> (Last, First)</p>	<p>► <u>12/17/2024</u> Appt Date</p> <p>► <u>Until Replaced</u> Length of Term</p>	<p>► Per Meeting: \$ <u>100.00</u></p> <p>► Estimated Annual:</p> <p><input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ Other</p>
Orange County Fire Authority (OCFA)	<p>► Name <u>Jennings, Kelly</u> (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>► <u>12/17/2024</u> Appt Date</p> <p>► <u>Until Replaced</u> Length of Term</p>	<p>► Per Meeting: \$ <u>100.00</u></p> <p>► Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ Other</p>
San Joaquin Hills Transportation Corridor Agencies (TCA)	<p>► Name <u>Oddo, Stephanie</u> (Last, First)</p> <p>Alternate, if any <u>Jennings, Kelly</u> (Last, First)</p>	<p>► <u>12/17/2024</u> Appt Date</p> <p>► <u>Until Replaced</u> Length of Term</p>	<p>► Per Meeting: \$ <u>120.00</u></p> <p>► Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ Other</p>
Orange County Mosquito and Vector Control District (OCMVCD)	<p>► Name <u>Johns, Foster Gene</u> (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>► <u>12/17/2024</u> Appt Date</p> <p>► <u>Until Replaced</u> Length of Term</p>	<p>► Per Meeting: \$ <u>100.00</u></p> <p>► Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ Other</p>

3. Verification

I have read and understand EPPC 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

Marissa J. Asistin

Print Name

City Clerk

12/18/2024

Title

(Month, Day, Year)

Comment: _____

Print

Clear