

Agency Report of: Public Official Appointments

A Public Document

1. Agency Name City of Irvine			California Form 806 For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) Carl Petersen, City Clerk			
Area Code/Phone Number 949-724-6205	E-mail cpetersen@cityofirvine.org	Page <u>1</u> of <u>2</u>	Date Posted: <u>01/11/2024</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
HOUSING AND COMMUNITY DEVELOPMENT COMMISSION - ORANGE COUNTY	▶ Name <u>KIM, TAMMY</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1/9/2024</u> <small>Appt Date</small> _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</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"/> _____ <small>Other</small>
ORANGE COUNTY FIRE AUTHORITY	▶ Name <u>KIM, TAMMY</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1/9/2024</u> <small>Appt Date</small> _____ <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"/> _____ <small>Other</small>
ORANGE COUNTY MOSQUITO AND VECTOR CONTROL DISTRICT BOARD OF TRUSTEES	▶ Name <u>KIM, TAMMY</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1/9/2024</u> <small>Appt Date</small> _____ <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"/> _____ <small>Other</small>
ORANGE COUNTY POWER AUTHORITY	▶ Name <u>KIM, TAMMY</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1/9/2024</u> <small>Appt Date</small> _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>212.50</u> ▶ 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"/> _____ <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.

Oliver Chi

Oliver C. Chi

City Manager

01/11/2024

Signature of Agency Head or Designee

Print Name

Title

(Month, Day, Year)

Comment: _____

Print

Clear

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

1. Agency Name CITY OF IRVINE	Date Posted: <u>01/11/2024</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
ORANGE COUNTY POWER AUTHORITY	▶ Name <u>TRESEDER, KATHLEEN</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>1/9/2024</u> <i>Appt Date</i> ▶ _____ <i>Length of Term</i>	▶ Per Meeting: \$ <u>212.50</u> ▶ 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>
ORANGE COUNTY SANITATION DISTRICT	▶ Name <u>KHAN, FARRAH N.</u> <i>(Last, First)</i> Alternate, if any <u>TRESEDER, KATHLEEN</u> <i>(Last, First)</i>	▶ <u>1/9/2024</u> <i>Appt Date</i> ▶ _____ <i>Length of Term</i>	▶ Per Meeting: \$ <u>300.00</u> ▶ 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>
ORANGE COUNTY TRANSPORTATION AUTHORITY	▶ Name <u>KHAN, FARRAH N.</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>12/1/2022</u> <i>Appt Date</i> ▶ <u>TWO YEARS</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>100.00</u> ▶ 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>
SOUTHERN CALIFORNIA ASSOCIATION OF GOVERNMENTS	▶ Name <u>KIM, TAMMY</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>1/9/2024</u> <i>Appt Date</i> ▶ _____ <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"/> _____ <i>Other</i>
TRANSPORATION CORRIDOR AGENCY - FOOTHILL/EASTERN	▶ Name <u>KHAN, FARRAH N.</u> <i>(Last, First)</i> Alternate, if any <u>TRESEDER, KATHLEEN</u> <i>(Last, First)</i>	▶ <u>1/9/2024</u> <i>Appt Date</i> ▶ _____ <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"/> _____ <i>Other</i>
TRANSPORTATION CORRIDOR AGENCY - SAN JOAQUIN HILLS	▶ Name <u>KHAN, FARRAH N.</u> <i>(Last, First)</i> Alternate, if any <u>TRESEDER, KATHLEEN</u> <i>(Last, First)</i>	▶ <u>1/9/2024</u> <i>Appt Date</i> ▶ _____ <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 type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ <i>Other</i>