

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name		California Form 806 <small>For Official Use Only</small>	
City of Anaheim			
Division, Department, or Region <i>(If Applicable)</i>			
City Council			
Designated Agency Contact <i>(Name, Title)</i>		Date Posted:	Page <u>1</u> of <u>2</u>
Linda Andal, City Clerk			
Area Code/Phone Number	E-mail		
714-765-5166	landal@anaheim.net	01/04/19 <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
Metropolitan Water District	▶ Name <u>Faessel, Stephen</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 18 / 18</u> <small>Appt Date</small> ▶ <u>None</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>reimbursemen</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 Sanitation District	▶ Name <u>Kring, Lucille</u> <small>(Last, First)</small> Alternate, if any <u>Barnes, Denise</u> <small>(Last, First)</small>	▶ <u>12 / 18 / 18</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>
Orange County Water District, District 9	▶ Name <u>Brandman, Jordan</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 18 / 18</u> <small>Appt Date</small> ▶ <u>2 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>221.12</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>
Southern California Association of Government	▶ Name <u>O'Neil, Trevor</u> <small>(Last, First)</small> Alternate, if any <u>Kring, Lucille</u> <small>(Last, First)</small>	▶ <u>12 / 18 / 18</u> <small>Appt Date</small> ▶ <u>2 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>120</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>

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

Linda Andal

Print Name

City Clerk

Title

01/04/19

(Month, Day, Year)

Comment: _____

