

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name City of La Habra		California Form 806 <small>For Official Use Only</small>	
Division, Department, or Region <i>(If Applicable)</i>			
Designated Agency Contact <i>(Name, Title)</i> Laurie Swindell, CMC, City Clerk			
Area Code/Phone Number (562) 383-4030	E-mail	Page <u>1</u> of <u>2</u>	Date Posted: <u>12/22/2021</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
OC Sanitation District	▶ Name <u>Espinoza, Rose</u> <small>(Last, First)</small> Alternate, if any <u>Simonian, Steve</u> <small>(Last, First)</small>	▶ <u>12 / 20 / 21</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>212.50</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>4,675.00</u> <small>Other</small>
La Habra Housing Authority	▶ Name <u>Gomez, James</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 20 / 21</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</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>
La Habra Housing Authority	▶ Name <u>Simonian, Steve</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 20 / 21</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</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>
La Habra Housing Authority	▶ Name <u>Espinoza, Rose</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 20 / 21</u> <small>Appt Date</small> ▶ _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</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>

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.

Laurie Swindell, CMC	City Clerk	12/22/2021	
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: _____

Print

Clear

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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
La Habra Housing Authority	▶ Name <u>Medrano, Jose</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 20 / 21</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</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
La Habra Housing Authority	▶ Name <u>Shaw, Tim</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 20 / 21</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</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
	▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Appt Date</small> ▶ _____ <small>Length of Term</small>	▶ 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 _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Appt Date</small> ▶ _____ <small>Length of Term</small>	▶ 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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_____ <small>Signature of Agency Head or Designee</small>	Laurie Swindell, CMC <small>Print Name</small>	City Clerk <small>Title</small>	12/22/2021 <small>(Month, Day, Year)</small>
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Comment: _____

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Clear