

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name City of Lake Forest		California Form 806 <small>For Official Use Only</small>	
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) Lisa Berglund, City Clerk			
Area Code/Phone Number 949-461-3400	E-mail lberglund@lakeforestca.gov	Page <u>1</u> of <u>1</u>	Date Posted: <u>January 6, 2025</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
Orange County Fire Authority	▶ Name <u>Tetterer, Mark</u> <small>(Last, First)</small> Alternate, if any <u>N/A</u> <small>(Last, First)</small>	▶ <u>12 / 17 / 24</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"/> <u>Other</u>
Foothill/Eastern Transportation Corridor Agency	▶ Name <u>Voigts, Scott</u> <small>(Last, First)</small> Alternate, if any <u>Pequeño, Robert</u> <small>(Last, First)</small>	▶ <u>12 / 17 / 24</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 checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u>
Orange County Mosquito and Vector Control Board	▶ Name <u>Pequeño, Robert</u> <small>(Last, First)</small> Alternate, if any <u>N/A</u> <small>(Last, First)</small>	▶ <u>12 / 17 / 24</u> <small>Appt Date</small> <u>4 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"/> <u>Other</u>
	▶ 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"/> <u>Other</u>

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.


Signature of Agency Head or Designee

Lisa Berglund
Print Name

City Clerk
Title

January 6, 2025
(Month, Day, Year)

Comment: _____