

**Agency Report of:  
Public Official Appointments**

**A Public Document**

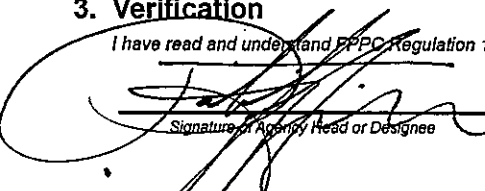
<b>1. Agency Name</b> City of Stanton		<b>CITY OF STANTON</b>  JAN 10 2024  CITY CLERK'S OFFICE	<b>California Form 806</b> For Official Use Only
Division, Department, or Region (If Applicable) City Council			
Designated Agency Contact (Name, Title) Patricia A. Vazquez, City Clerk			
Area Code/Phone Number (714) 890-4245	E-mail pvazquez@stantonca.gov	Page 1 of 1	Date Posted: January 10, 2024 <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>Shawver, David J.</u> <small>(Last, First)</small>  Alternate, if any <u>Warren, Carol</u> <small>(Last, First)</small>	<u>01 / 10 / 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"/> Other
Orange County Mosquito and Vector Control District	Name <u>Taylor, Gary</u> <small>(Last, First)</small>  Alternate, if any <u>None</u> <small>(Last, First)</small>	<u>01 / 10 / 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"/> Other
Orange County Sanitation District No. 3	Name <u>Shawver, David J.</u> <small>(Last, First)</small>  Alternate, if any <u>Warren, Carol</u> <small>(Last, First)</small>	<u>01 / 10 / 24</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 checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
Public Cable Television Authority	Name <u>Shawver, David J.</u> <small>(Last, First)</small>  Alternate, if any <u>Warren, Carol</u> <small>(Last, First)</small>	<u>01 / 10 / 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"/> Other

**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

Patricia A. Vazquez  
Print Name

City Clerk  
Title

01/09/2024  
(Month, Day, Year)

Comment:

**Print**

**Clear**