

**Agency Report of:  
Public Official Appointments**

**A Public Document**

**1. Agency Name**

City of Rancho Santa Margarita

**Division, Department, or Region (If Applicable)**

Orange County, California

**Designated Agency Contact (Name, Title)**

Jennifer M. Cervantez

**Area Code/Phone Number**

(949) 635-1800

**E-mail**

jcervantez@cityofrsm.org

**California  
Form**

**806**

For Official Use Only

**Date Posted:**

12/12/2024

(Month, Day, Year)

**2. Appointments**

<b>Agency Boards and Commissions</b>	<b>Name of Appointed Person</b>	<b>Appt Date and Length of Term</b>	<b>Per Meeting/Annual Salary/Stipend</b>
Orange County Mosquito and Vector Control Board of Trustees	<p>► Name <u>Josephson, April</u> (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>► <u>12/11/2024</u> Appt Date</p> <p>► <u>2 years</u> Length of Term</p>	<p>► Per Meeting: \$ <u>100.00</u></p> <p>► Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ Other</p>
Transportation Corridor Agency - Foothill/Eastern Board of Directors	<p>► Name <u>Beall, L. Anthony</u> (Last, First)</p> <p>Alternate, if any <u>Figueroa, Anne D.</u> (Last, First)</p>	<p>► <u>12/11/2024</u> Appt Date</p> <p>► <u>1 year</u> Length of Term</p>	<p>► Per Meeting: \$ <u>120.00</u></p> <p>► Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ Other</p>
	<p>► Name _____ (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>► _____ Appt Date</p> <p>► _____ Length of Term</p>	<p>► Per Meeting: \$ _____</p> <p>► Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ Other</p>
	<p>► Name _____ (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>► _____ Appt Date</p> <p>► _____ Length of Term</p>	<p>► Per Meeting: \$ _____</p> <p>► Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ Other</p>

**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

Jennifer M. Cervantez

Print Name

City Manager

Title

12/12/2024

(Month, Day, Year)

Comment: \_\_\_\_\_

**Print**

**Clear**