

Agency Report of: Public Official Appointments

A Public Document

1. Agency Name City of Tustin <hr/> Division, Department, or Region (If Applicable) <hr/> Designated Agency Contact (Name, Title) Erica Yasuda, City Clerk <hr/> Area Code/Phone Number E-mail 714-573-3025 eyasuda@tustinca.org		<div style="text-align: right; font-weight: bold; font-size: 1.2em;">California Form 806</div> <p style="text-align: center; font-size: 0.8em;">For Official Use Only</p> <hr/> Date Posted: <small>(Month, Day, Year)</small>
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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
Foothill/Eastern TCA	▶ Name <u>Schnell</u> <small>(Last, First)</small> Alternate, if any <u>Nielsen</u> <small>(Last, First)</small>	▶ <u>12/16/2025</u> <small>Appt Date</small> ▶ _____ <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"/> _____ <small>Other</small>
OC Fire Authority	▶ Name <u>Lumbard</u> <small>(Last, First)</small> Alternate, if any <u>N/A</u> <small>(Last, First)</small>	▶ <u>12/16/2025</u> <small>Appt Date</small> ▶ _____ <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"/> _____ <small>Other</small>
OC Sanitation District	▶ Name <u>Gallagher</u> <small>(Last, First)</small> Alternate, if any <u>Lumbard</u> <small>(Last, First)</small>	▶ <u>12/16/2025</u> <small>Appt Date</small> ▶ _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>330.75</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>
	▶ 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 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.

<small>Signed by:</small>	Erica N. Yasuda <small>Print Name</small>	City Clerk <small>Title</small>	12/16/25 <small>(Month, Day, Year)</small>
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Comment: _____

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Clear