

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name ORANGE COUNTY SANITATION DISTRICT			California Form 806 For Official Use Only
Division, Department, or Region (If Applicable) BOARD SERVICES DIVISION, COMMUNICATIONS DEPARTMENT			Page <u>1</u> of <u>1</u>
Designated Agency Contact (Name, Title) Kelly A Lore, MMC - Clerk of the Board			
Area Code/Phone Number 714-593-7433	E-mail klore@ocsan.gov	Date Posted: 7/1/2026 <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 Sanitation District Board of Directors (Board Chairman)	▶ Name <u>Dumitru, Jon</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>7/1/2026</u> <small>Appt Date</small> _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>312.50</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"/> \$3000+ <small>Other</small>
Orange County Sanitation District Board of Directors (Board Vice-Chairwoman)	▶ Name <u>Marick, Christine</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>7/1/2026</u> <small>Appt Date</small> _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>312.50</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"/> \$3000+ <small>Other</small>
Groundwater Replenishment System Steering Committee (member)	▶ Name <u>Dumitru, Jon</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>7/1/2026</u> <small>Appt Date</small> _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>312.50</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"/> \$3000+ <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 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.


Signature of Agency Head or Designee

Kelly A. Lore
Print Name

Clerk of the Board
Title

07/01/2026
(Month, Day, Year)

Comment: _____

Print

Clear