

# Agency Report of: Public Official Appointments

A Public Document


<b>1. Agency Name</b> CITY OF ROSEMEAD			<b>California Form 806</b> For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) ERICKA HERNANDEZ			
Area Code/Phone Number 626-569-2100	E-mail EHERNANDEZ@CITYOFROSEMEAD.ORG	Page 1 of 1	Date Posted: 07/13/2023 (Month, Day, Year)

## 2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Los Angeles Sanitation District No. 15	▶ Name <u>Ly, Steven</u> <small>(Last, First)</small>  Alternate, if any <u>Clark, Margaret</u> <small>(Last, First)</small>	▶ <u>7/11/2023</u> <small>Appt Date</small>  ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>125.00</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
San Gabriel Valley Council of Governments	▶ Name <u>Clark, Margaret</u> <small>(Last, First)</small>  Alternate, if any <u>Ly, Steven</u> <small>(Last, First)</small>	▶ <u>7/11/2023</u> <small>Appt Date</small>  ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>75.00</u>  ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
San Gabriel Valley Mosquito & Vector Control District	▶ Name <u>Armenta, Sandra</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1/1/2022</u> <small>Appt Date</small>  ▶ <u>2 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
California Joint Powers Association	▶ Name <u>Dang, Sean</u> <small>(Last, First)</small>  Alternate, if any <u>Armenta, Sandra</u> <small>(Last, First)</small>	▶ <u>7/11/2023</u> <small>Appt Date</small>  ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</u>  ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input 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.

	ERICKA HERNANDEZ	CITY CLERK	07/13/2023
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

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

Print

Clear

FPPC Form 806 (1/18)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)