Agency Report of:
Public Official Appointments

A Public Document

1. Agency Name

City of Rosemead

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

Designated Agency Contact *(Name, Title)*

Ericka Hernandez, City Clerk

Area Code/Phone Number	E-mail
626-569-2100	ehernandez@cityofrosemead.org

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CITY OF ROSEMEAD

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CITY CLERK'S OFFICE
BY: ___

California Form **806**

For Official Use Only

Page __1__ of __2__

Date Posted:
April 2, 2020
(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 **Sandra Armenta** *(Last, First)* Alternate, if any **Polly Low** *(Last, First)*	03 / 30 / 20 *Appt Date* 1 year *Length of Term*	Per Meeting: $ 125.00 Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☒ $1,001-$2,000 ☐ ___ *Other*
San Gabriel Valley Council of Governments	Name **Margaret Clark** *(Last, First)* Alternate, if any **Sean Dang** *(Last, First)*	03 / 30 / 20 *Appt Date* 1 year *Length of Term*	Per Meeting: $ 75.00 Estimated Annual: ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ ___ *Other*
San Gabriel Valley Mosquito & Vector Control District	Name **Sandra Armenta** *(Last, First)* Alternate, if any ___ *(Last, First)*	11 / 12 / 19 *Appt Date* 2 year *Length of Term*	Per Meeting: $ 100.00 Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☒ $1,001-$2,000 ☐ ___ *Other*
Southern California Association of Governments	Name **Steven Ly** *(Last, First)* Alternate, if any **Margaret Clark** *(Last, First)*	03 / 30 / 20 *Appt Date* 1 year *Length of Term*	Per Meeting: $ 120.00 Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☒ $1,001-$2,000 ☐ ___ *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	Ericka Hernandez Print Name	City Clerk Title	04/02/2020 *(Month, Day, Year)*

Comment: _____

Agency Report of:
Public Official Appointments
Continuation Sheet

1. Agency Name
City of Rosemead

Date Posted: April 2, 2020
(Month, Day, Year)

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
California JPIA	▶Name __Polly Low__ *(Last, First)* Alternate, if any _____ *(Last, First)*	▶ 04 / 09 / 19 *Appt Date* ▶ 1 year *Length of Term*	▶ *Per Meeting:* $ __100.00__ ▶ *Estimated Annual:* ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ ____ *Other*
	▶Name _____ *(Last, First)* Alternate, if any _____ *(Last, First)*	▶ __/__/__ *Appt Date* ▶ _____ *Length of Term*	▶ *Per Meeting:* $ ____ ▶ *Estimated Annual:* ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ ____ *Other*
	▶Name _____ *(Last, First)* Alternate, if any _____ *(Last, First)*	▶ __/__/__ *Appt Date* ▶ _____ *Length of Term*	▶ *Per Meeting:* $ ____ ▶ *Estimated Annual:* ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ ____ *Other*
	▶Name _____ *(Last, First)* Alternate, if any _____ *(Last, First)*	▶ __/__/__ *Appt Date* ▶ _____ *Length of Term*	▶ *Per Meeting:* $ ____ ▶ *Estimated Annual:* ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ ____ *Other*
	▶Name _____ *(Last, First)* Alternate, if any _____ *(Last, First)*	▶ __/__/__ *Appt Date* ▶ _____ *Length of Term*	▶ *Per Meeting:* $ ____ ▶ *Estimated Annual:* ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ ____ *Other*
	▶Name _____ *(Last, First)* Alternate, if any _____ *(Last, First)*	▶ __/__/__ *Appt Date* ▶ _____ *Length of Term*	▶ *Per Meeting:* $ ____ ▶ *Estimated Annual:* ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ ____ *Other*