Agency Report of: Public Official Appointments

A Public Document

1.	Division, Department, or Region (If Applicable)						nia 806 ficial Use Only
	Designated Agency Contact						
	Area Code/Phone Number	E-mail		Pagec	f	Date Post	ed: th, Day, Year)
2.	Appointments						
	Agency Boards and Commissions	Name of Appointed Person		Appt Date and Length of Term			
	California Joint Powers Insurance Authority (CAJPIA)	Name(Last, First) Alternate, if any(Last, First)	_	Appt Date Length of Term	▶ <i>Estima</i> \$0-\$1	ted Annual:	\$2,001-\$3,000 Other
	Foothill Transit Governing Board	▶Name(Last, First) Alternate, if any(Last, First)	_	Appt Date Length of Term	▶ <i>Estima</i> : \$0-\$1	ted Annual:	\$2,001-\$3,000 Other
	Los Angeles County Sanitation Districts #21 & #22	Name(Last, First) Alternate, if any(Last, First)	_	Appt Date Length of Term	▶ <i>Estima</i> : \$0-\$1	ted Annual:	\$2,001-\$3,000 Other
	San Gabriel Valley Mosquito & Vector Control District	▶Name(Last, First) Alternate, if any(Last, First)	_	Appt Date Length of Term	▶ <i>Estima</i> : \$0-\$1	eting: \$ ted Annual: ,000 1-\$2,000	\$2,001-\$3,000 Other
3.	Verification I have read and understand FPPC Regulation Signature of Agency Head or Designer Comment:	ulation 18702.5. I have verified that the appointment and in Print Name	nformation	identified above is tr	ue to the bes		mation and belief. Month, Day, Year)

Agency Report of: Public Official Appointments Continuation Sheet



Page	2	of	2
raye	_	ΟI	_

. Agency Name	Date Posted: (Month, Day, Year)		
Appointments Agency Boards and	Down Marking / Americal Control (Cristian Control		
Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
San Gabriel Valley Council of Governments (SGVCOG)	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: \$
	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

(Last, First)

(Last, First)

Name.

▶Name _

Alternate, if any _

Alternate, if any _

\$2,001-\$3,000

Other

\$2,001-\$3,000

Other

▶ Per Meeting: \$ -

► Estimated Annual: \$0-\$1,000

\$1,001-\$2,000

▶ Per Meeting: \$ _

► Estimated Annual: \$0-\$1,000

\$1,001-\$2,000

Appt Date

Length of Term

Appt Date

Length of Term