

# Agency Report of: Public Official Appointments

A Public Document

<b>1. Agency Name</b> City of Rosemead		<div style="border: 1px solid black; padding: 5px;"> <p style="color: blue; font-weight: bold; margin: 0;">RECEIVED</p> <p style="color: blue; font-weight: bold; margin: 0;">CITY OF ROSEMEAD</p> <p style="color: red; font-size: 1.2em; font-weight: bold; margin: 5px 0 0 0;">SEP 09 2021</p> <p style="color: blue; font-weight: bold; margin: 0;">CITY CLERK'S OFFICE</p> <p style="color: blue; font-weight: bold; margin: 0;">BY: </p> </div>	<b>California Form 806</b> For Official Use Only	
Division, Department, or Region (If Applicable)			Page <u>1</u> of <u>2</u>	<b>Date Posted:</b> _____ <small>(Month, Day, Year)</small>
Designated Agency Contact (Name, Title) Ericka Hernandez, City Clerk				
Area Code/Phone Number 626-569-2100	E-mail ehernandez@cityofrosemead.org			

## 2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Los Angeles County Sanitation District No. 15	▶ Name <u>Polly Low</u> <small>(Last, First)</small>  Alternate, if any <u>Sean Dang</u> <small>(Last, First)</small>	▶ <u>04 / 13 / 21</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 of Council of Governments	▶ Name <u>Sean Dang</u> <small>(Last, First)</small>  Alternate, if any <u>Margaret Clark</u> <small>(Last, First)</small>	▶ <u>09 / 16 / 21</u> <small>Appt Date</small>  ▶ _____ <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>Sandra Armenta</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>11 / 12 / 19</u> <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"/> Other
Southern California Association of Governments	▶ Name <u>Steven Ly</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>04 / 13 / 21</u> <small>Appt Date</small>  ▶ <u>1 year</u> <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"/> 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.

 _____ <small>Signature of Agency Head or Designee</small>	Ericka Hernandez _____ <small>Print Name</small>	City Clerk _____ <small>Title</small>	09/09/2021 _____ <small>(Month, Day, Year)</small>
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Comment: Form 806 was revised to update the appointment of Delegate/Alternate for San Gabriel Valley Council of Governments.

**Agency Report of:  
Public Official Appointments  
Continuation Sheet**

<b>1. Agency Name</b> City of Rosemead	<b>Date Posted:</b> _____ (Month, Day, Year)
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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
California JPIA	▶ Name <u>Sean Dang</u> <small>(Last, First)</small>  Alternate, if any <u>Sandra Armenta</u> <small>(Last, First)</small>	▶ <u>04 / 13 / 21</u> <small>Appt Date</small>  ▶ _____ <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"/> _____ <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>
	▶ 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>
	▶ 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>
	▶ 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>
	▶ 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>