

Agency Report of: Public Official Appointments

A Public Document

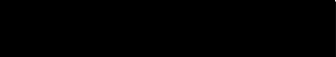
1. Agency Name City of Lawndale		California Form 806 For Official Use Only
Division, Department, or Region (If Applicable)		
Designated Agency Contact (Name, Title) Yvette Hall, Assistant City Clerk		
Area Code/Phone Number 310-973-3213	E-mail yhall@lawndalecity.org	Date Posted: 3/28/2023 (Month, Day, Year)
Page 1 of 1		

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Los Angeles County West Vector Control District	▶ Name <u>James Osborne</u> (Last, First) Alternate, if any _____ (Last, First)	▶ <u>12 / 19 / 22</u> Appt Date ▶ <u>2 years</u> Length of Term	▶ Per Meeting: \$ <u>100</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
	▶ Name _____ (Last, First) Alternate, if any _____ (Last, First)	▶ ____ / ____ / ____ Appt Date ▶ _____ Length of Term	▶ 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
	▶ Name _____ (Last, First) Alternate, if any _____ (Last, First)	▶ ____ / ____ / ____ Appt Date ▶ _____ Length of Term	▶ 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
	▶ Name _____ (Last, First) Alternate, if any _____ (Last, First)	▶ ____ / ____ / ____ Appt Date ▶ _____ Length of Term	▶ 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

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.

	<u>Yvette Hall</u>	<u>Assistant City Clerk</u>	<u>3/28/2023</u>
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)

**Agency Report of:
Public Official Appointments**

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1. Agency Name City of Lawndale Division, Department, or Region (If Applicable) Designated Agency Contact (Name, Title) Yvette Hall, Assistant City Clerk Area Code/Phone Number E-mail 310-973-3213 yhall@lawndalecity.org		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> California Form 806 For Official Use Only </div> Date Posted: 2-13-23 <small>(Month, Day, Year)</small>
Page 1 of 1		

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
California Joint Powers Insurance Authority	▶ Name <u>Robert Pullen-Miles</u> <small>(Last, First)</small> Alternate, if any <u>Rhonda Hofmann Gorman</u> <small>(Last, First)</small>	▶ <u>12 / 19 / 22</u> <small>Appt Date</small> ▶ <u>2 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</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
Continued from above	▶ Name <u>Alternate-Bernadette Suarez</u> <small>(Last, First)</small> Alternate, if any <u>Alt-Sean M. Moore, CM</u> <small>(Last, First)</small>	▶ <u>12 / 19 / 22</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
Los County Sanitation Districts, No. 5 Board of Directors	▶ Name <u>Robert Pullen-Miles</u> <small>(Last, First)</small> Alternate, if any <u>Pat Kearney</u> <small>(Last, First)</small>	▶ <u>12 / 19 / 22</u> <small>Appt Date</small> ▶ <u>2 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>125</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
	▶ 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"/> 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.

	Yvette Hall <small>Print Name</small>	Assistant City Clerk <small>Title</small>	2/13/22 <small>(Month, Day, Year)</small>
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Comment: _____

Print

Clear

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