

**Agency Report of:  
Public Official Appointments**

**A Public Document**

<b>1. Agency Name</b>		<b>California Form 806</b>	For Official Use Only
City of Lawndale			
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title)		Date Posted: <b>8/29/17</b> <small>(Month, Day, Year)</small>	
Maria R. Guerra, Deputy City Clerk			
Area Code/Phone Number	E-mail	Page <u>1</u> of <u>1</u>	
310/973-3211	mairaguerra@lawndalecity.org		

**2. Appointments**

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
California Joint Powers Authority	▶ Name <u>Pullen-Miles, Robert</u> <small>(Last, First)</small>  Alternate, if any <u>Kearney, Pat</u> <small>(Last, First)</small>	▶ <u>05 / 16 / 16</u> <small>Appt Date</small>  ▶ <u>2 1/2 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"/> <u>Other</u>
Los Angeles County Sanitation District 5	▶ Name <u>Pullen-Miles, Robert</u> <small>(Last, First)</small>  Alternate, if any <u>Kearney, Pat</u> <small>(Last, First)</small>	▶ <u>05 / 16 / 16</u> <small>Appt Date</small>  ▶ <u>2 1/2 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"/> <u>Other</u>
Los Angeles County West Vector Control District	▶ Name <u>Osborne, James H.</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>02 / 01 / 16</u> <small>Appt Date</small>  ▶ <u>4 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"/> <u>Other</u>
	▶ Name _____ <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u> / / </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"/> <u>Other</u>

**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>	Maria R. Guerra <small>Print Name</small>	Deputy City Clerk <small>Title</small>	8/29/17 <small>(Month, Day, Year)</small>
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Comment: \_\_\_\_\_