Agency Report of:
Public Official Appointments

A Public Document

California Form 806

For Official Use Only

1. Agency Name

City of Lawndale

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

Designated Agency Contact *(Name, Title)*

Pamela L. Giamario, Assistant City Clerk

Area Code/Phone Number	E-mail
310-973-3213	pgiamari@lawndalecity.org

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Date Posted: 5/19/16 *(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 Joint Powers Insurance Authority	Name: Pullen-Miles, Robert *(Last, First)* Alternate, if any: Kearney, Pat *(Last, First)*	05 / 16 / 16 *Appt Date* 2 years *Length of Term*	*Per Meeting:* $ 100 *Estimated Annual:* ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ *Other*
Los Angeles County Sanitation District 5	Name: Pullen-Miles, Robert *(Last, First)* Alternate, if any: Kearney, Pat *(Last, First)*	05 / 16 / 16 *Appt Date* 2 years *Length of Term*	*Per Meeting:* $ 125 *Estimated Annual:* ☐ $0-$1,000 ☐ $2,001-$3,000 ☒ $1,001-$2,000 ☐ _____ *Other*
Los Angeles County West Vector Control District	Name: Osborne, James H. *(Last, First)* Alternate, if any: _____ *(Last, First)*	02 / 01 / 16 *Appt Date* 4 years *Length of Term*	*Per Meeting:* $ 100 *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*

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	Print Name	Title	(Month, Day, Year)
	Pamela L. Giamario	Assistant City Clerk	May 19, 2016

Comment: _____