

**Agency Report of:
Public Official Appointments**

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1. Agency Name City of West Covina		2019 NOV 20 PM 3:30 CITY OF WEST COVINA CITY CLERK'S OFFICE	California Form 806 For Official Use Only
Division, Department, or Region (If Applicable) City Manager's Office			Page <u>1</u> of <u>1</u>
Designated Agency Contact (Name, Title) David Carmany, City Manager			
Area Code/Phone Number 626-939-8401	E-mail Dcarmany@westcovina.org		

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Foothill Transit	▶ Name <u>Wu, Tony</u> <small>(Last, First)</small> Alternate, if any <u>Castellanos, Dario</u> <small>(Last, First)</small>	▶ <u>2 / 5 / 19</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>161.00</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 Council of Governments	▶ Name <u>Wu, Tony</u> <small>(Last, First)</small> Alternate, if any <u>Castellanos, Dario</u> <small>(Last, First)</small>	▶ <u>2 / 5 / 19</u> <small>Appt Date</small> ▶ <u>1 year</u> <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
Los Angeles County Sanitation District	▶ Name <u>Wu, Tony</u> <small>(Last, First)</small> Alternate, if any <u>Castellanos, Dario</u> <small>(Last, First)</small>	▶ <u>11 / 19 / 19</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>375.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>4500.00</u> <small>Other</small>
San Gabriel Valley Mosquito and Vector Control District Board of Trustees	▶ Name <u>Johnson, Lloyd</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>11 / 5 / 19</u> <small>Appt Date</small> ▶ <u>4 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</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.


David Carmany
City Manager
11/20/2019
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: Updated to reflect City Council Reorganization