

**Agency Report of:
Public Official Appointments**

A Public Document


1. Agency Name City of WestCovina Division, Department, or Region (If Applicable) City Manager's Office Designated Agency Contact (Name, Title) David Carmany, Interim City Manager Area Code/Phone Number 626-939-8401		RECEIVED 2019 APR 24 PM 6:56 CITY OF WEST COVINA CITY CLERK'S OFFICE	California Form 806 For Official Use Only Date Posted: 1/30/2019 (Month, Day, Year)
E-mail Dcarmany@westcovina.org	Page <u>1</u> of <u>1</u>		

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 Valley 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>Johnson, Lloyd</u> <small>(Last, First)</small> Alternate, if any <u>Wu, Tony</u> <small>(Last, First)</small>	▶ <u>2 / 5 / 19</u> <small>Appt Date</small> ▶ <u>10 Months</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>3750.00</u> <small>Other</small>
	▶ 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"/> 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	David Carmany Print Name	Interim City Manager Title	4/22/2019 (Month, Day, Year)
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Comment: _____