

**Agency Report of:
Public Official Appointments**

A Public Document


1. Agency Name City of West Covina			California Form 806
Division, Department, or Region (If Applicable) City Manager's Office			For Official Use Only
Designated Agency Contact (Name, Title) David Carmany, Interim City Manager			Date Posted: 1/30/2019 <small>(Month, Day, Year)</small>
Area Code/Phone Number 626-939-8401	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 type="checkbox"/> <u>3750.00</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>5 / 21 / 19</u> <small>Appt Date</small> ▶ <u>7 Months</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</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

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>	David Carmany _____ <small>Print Name</small>	Interim City Manager _____ <small>Title</small>	5/22/2019 _____ <small>(Month, Day, Year)</small>
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Comment: _____