

**Agency Report of:
Public Official Appointments**

A Public Document

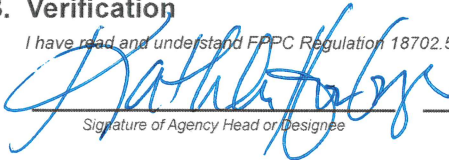
1. Agency Name City of Lomita Division, Department, or Region (If Applicable) City Council Designated Agency Contact (Name, Title) Kathleen Gregory, City Clerk		California Form 806 For Official Use Only
Area Code/Phone Number 310-325-7110	E-mail k.gregory@lomitacity.com	Page <u>1</u> of <u>1</u> Date Posted: <u>12/18/2020</u> <small>(Month, Day, Year)</small>

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Los Angeles County Sanitation District No. 5	▶ Name <u>Waronek, Mark</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 15 / 20</u> <small>Appt Date</small> <u>1 yr</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>125.00</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"/> <u>Other</u>
Joint Powers Insurance Authority	▶ Name <u>Waronek, Mark</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 15 / 20</u> <small>Appt Date</small> <u>1 yr</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"/> <u>Other</u>
Los Angeles County Vector Control	▶ Name <u>Gazeley, James</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 15 / 20</u> <small>Appt Date</small> <u>1 yr</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"/> <u>Other</u>
Southern California Association of Governments	▶ Name <u>Gazeley, James</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 15 / 20</u> <small>Appt Date</small> <u>1 yr</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>120.00</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"/> <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.

 Signature of Agency Head or Designee	Kathleen Horn Gregory Print Name	City Clerk Title	12/16/2020 (Month, Day, Year)
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Comment: _____